If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the disease causing death gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enworked on may form part of the second statement. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemuid, etc. (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-If the occupation has been changed

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

eouditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the train-aecident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes: " etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticu," "Heart vulsious," symptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia (second-Chronic interstitial nephritis, etc. The contributory Whooping eough; Chronic valvular heart discuse; use of "Tumor" for malignant neoplasms); Measles; Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. (secondary or intercurrent) affection need not be of the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), (Recommendations on statefailure." "Haemor-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 3 1931			3 - 3
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Hagerstown.

Registrar.

Registration Dist. No. Keer Mar Heights (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH Oate of onset What test confirmed diagnosis?\_\_\_\_\_ 23. If death was due to external causes (VIOL ENCE) fill in-also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 24. Was disease or Injury in any way related to occupation of deceased If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No. 1

19. UNDERTAKER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I		Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	o 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Waster A. T. North	July 5,1927	Peritonitis	3 days ago
		Secretary States		
				14
Other contributory causes of imp	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W. J. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BU TEAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Parkmylon	CERTIFICATE OF DEATH
though a man	Registration Dist. No. 30
Village or Will Dort (No.37- Ver	St.: Ward) a hospital or institu
	a hospital or Institu- tion, give its NAME in stead of street and
2FULL NAME SULLAN	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED,	16 DATE OF DEATH
Muknow While OR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 LHEREBY CERTIFY, That I attended the deceased from
nov- 14 1931	190 00 , 192 ,
(Moath) (Day) (Year)	that I last saw h alive on 192, 192,
7 AGE S I III AS AS III LESS than	and that death occurred on the date stated above, at
I dayhrs.	
yrs, mos, ds. or min.?	
(a) Trade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Jyrs mos de.
9 BIRTHPLACE	Contributory
(State or country) Maryland	(Durstion) yrede.
10 NAME OF A P	(Signed) Les Jose M. D.
11 BIRTHPLACE	nov. 15 1927! (Address) Wrishort Mid
	*State the Disease Causing Death, or, in deaths from
(State or country)  (State or country)  (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Martha L. M. Nobinette	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yrs ds.
(State or Country) / Caryland	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) T. Varishof	usual residence
Will lynisport April.	19 PLACE OF BURIAL OR HEMOVAL DATE OF BURIAL
(Address)	IN LIN DERTAKER hADDRESS
15 Filed 1/00, /4, 1923 1 6, 6 c/b cestard	2D UN DERTAKER ADDRESS
Registra	were with any
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balton, Requesting V. S. No. 1.
	- 10(0)

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fired 6 yrs). or given up on account of the DISEASE CAUSING DEATH should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (rc Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foremun, (b) Automobile factory. The materia or At Home, and children, not gainfully cm-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Laborer-Coal minc, etc. Wom-6 engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic affection need not be etc. The contributory valvular Nomenclature Always qualify all heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

Village or City Color of the Community of the Color o	1. PLACE OF DEATH	)
Langth of residence in city of typinf where death occurred (If death occurred in a hopital or institution, give in NAPIL motes of street an institution, give in NAPIL motes of street an institution, give in NAPIL motes of the Control of the Contr	WITHIN BUSY BENTE LIMITS OF	Registration Dist. No. 302
2. FULL NAME  (a) Residence: No. 6 6 acc (Usual place of abobe)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  9. SEX  4. COLOR, OR BACE  S. SINCLE, MARRIRD, WIDOWED  OR DIVORCEO (Usual place of abobe)  Sa. II married, widowed, of divorced  OR DIVORCEO (Usual place of country)  Sa. II married, widowed, of divorced  OR DIVORCEO (Usual place of country)  Sa. II married, widowed, of divorced  OR DIVORCEO (Usual place of country)  Sa. II married, widowed, of divorced  OR DIVORCEO (Usual place of country)  Sa. II married, widowed, of divorced  OR DIVORCEO (Usual place of country)  Sa. II married, widowed, of divorced  OR DIVORCEO (Usual place of country)  Sa. II married, widowed, of divorced  OR DIVORCEO (Usual place of country)  Sa. II married, widowed, of divorced  OR DIVORCEO (Usual place of country)  Sa. III accorded (Usual place of country)  S		
(a) Residence: No. Of Good Charles and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORED (white this word)  Sa. It merited, widowed, or divorced  F. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  Or minimal or minimal in this secupation (month and year)  SANYIER, BODKREFER, etc.  SAW MILL BANK, sic.  SAW SIRTHPLACE (city or town)  A GENTLE WILL SAW SIC.  SAW SIRTHPLACE (city or town)  A GENTLE WILL SAW SIC.  SIRTHPLACE (city or town)  Sal Saw Man Signal Saw Signal	Length of residence in city of town where death occurredyrsmos	ds. How long In U.S. if of foreign birth? yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE OR DIVORCED Control No. 19  3. SEX  4. COLOR OR RACE OR DIVORCED Control No. 19  5. DATE OF DEATH  7. AGE  Yests  Months  Days  If LESS than 1 day, hrs. 19  If AGD WARE FR. 19  If LESS than 1 day, hrs. 19  If LESS than 2 day, hrs. 19  If LEST the REEBY CERT 1 day, hrs. 19  If LEST the REEBY CERT 1 day, hrs. 19  If LEST the REEBY	2. FULL NAME Samuely S. 1	renner
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR BYORCED (wink his world)  5. If married, widowed, or divorced  WOSANDO of ORDANIA OR STANDON OR		St., Ward.  If nonresident give city or town and State
OR DIVORCED (winter has worth)  39. If married, widowed, or divorced HUSBAND of HUSBAND	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER  SAWYER, BOOKEPER, etc.  8. It also, his.  SAW MILL, BANK, stc.  10. Date Geoscade last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  15. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, DR REMOVAL  Place  19. DATE OF BIRTH (month, day, and year)  18. BURIAL, CREMATION, DR REMOVAL  Place  19. DATE OF BIRTH (month, day, and year)  19. Date of lower and injury  Name of operation.  19. Date of injury  19. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury  Name of operation.  19. Date of injury  19. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury  Nature of inju		// 2-2 193 /
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than to have occurred on the data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  SANYER, BODKKEPPER, etc.  SANYER, BODKKEPPER, etc.  SANYER, BODKKEPPER, etc.  SON MILL, BARK, etc.  Date deceased last worked at saled above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data stated above, at // m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were any follows:  Coccupitor (month and data	5a. If married, widowed, or divorced	(month) (bay) (16d1)
7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular or min.  8. Trade, profession, or particular or min.  8. Trade, profession, or particular or min.  10. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of one of the data stated above, as follows:  Cause of PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of one of the data stated above, as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of one of the data stated above, as follows:  Cause of Death and related causes of Importance were as follows:  Date of one of the data stated above, as follows:  Date of one of the data stated above, as follows:  Date of one of the data stated above, as follows:  Date of one of the data stated above, as follows:  Date of one of the data stated above, as follows:  Date of one of the data stated above, as follows:  Date of one of the data stated above, as follows:  Date of one of the data stated above, as follows:  Date of one of the data stated above, as follows:  Date of one of the data stated above, as follows:  Date of one of the data stated above, as follows:  Date of one of the data stated above, as follows:  Date of one of the data stated above, as follows	HUSBAND of Cuma H. Denner	22. I HEREBY CERT-FT. This I attended deceased from
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BONKEPER, etc.  9. Industry or business in which SAW MILL, BARK, stc.  10. Data deceased last worked at this occupation (month and super)  12. BIRTHPLACE (city or town).  13. NAME  14. BETHPLACE (city or town).  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  16. BIRTHPLACE (city or town).  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER.  10. Data doas or country.  19. UNDERTAKER.  10. Data doas of importance.  10. Data doas or country.  10. Data doas or country.  11. Security of the principle of particular were a solicy of the contributory Causes of Importance.  10. Data doas or country.  11. Total tima (years)  Speni in this  Speni		Hast saw h alive on Nov. 25 13/; death is said
8. Trade, profession, or particular kind of work done, as SPINNER LOST MAYER, BOOKKEPER, etc.  10. Date of deceased last worked at horizontal may be an in this pant in this p		
Sawyer, Bookkepper, etc.  It indicates in which work was done, as SINK MILL.  It indicates in which work was done, as SIK MILL.  It is occupation (month and special in this speni in this spen		were an followe:
Description Descri	8. Trade, profession, or particular kind of work doma, as SPINNER (LSS) MCC), SAWYER, BDDKKEPER, etc	Central Hemorrhage (1928)
Description Descri	Industry or business in which work was done, as SILK MILL, Holds Wife Co	Chari Interstition Theplat
Dther Contributory Causes of Importance:  Data of  Data of  What test confirmed diagnosis? Was there an autopsy?  What test confirmed diagnosis? Date of injury  16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis? Date of injury  Accident, suicide, or homicida?  Date of injury  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Addrass)  BURIAL, CREMATION, DR REMOVAL  Place  Place  Place  Place  August  Manner of injury  Natura of injury  15. O, specify  (Signed)  Manner of injury in any way related to occupation of deceased  (Signed)  Manner of injury in any way related to occupation of deceased  (Signed)  Manner of injury in any way related to occupation of deceased  15. So, specify  (Signed)  Manner of injury in any way related to occupation of deceased  (Signed)  Manner of injury in any way related to occupation of deceased  (Signed)  Manner of injury in any way related to occupation of deceased  (Signed)  Manner of injury in any way related to occupation of deceased  (Signed)  Manner of injury in any way related to occupation of deceased  (Signed)  Manner of injury in any way related to occupation of deceased  (Signed)  Manner of injury in any way related to occupation of deceased  (Signed)  Manner of injury in any way related to occupation of deceased  (Signed)  Manner of injury in any way related to occupation of deceased  (Signed)  Manner of injury in any way related to occupation of deceased  (Signed)  Manner of injury in any way related t		chunic hugaalti
14. BIRTHPLACE (city or town)  (Stata or country)  15. MAIDEN NAME  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, DR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  (State or country)  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicida?  Accident, suicide, or homicida?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Manner of injury  19. UNDERTAKER  (Address)  Address)  Address  (Signed)	12. BIRTHPLACE (city or town) / ag Estown	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town)  (Stata or country)  15. MAIDEN NAME  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, DR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  (State or country)  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicida?  Accident, suicide, or homicida?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Manner of injury  19. UNDERTAKER  (Address)  Address)  Address  (Signed)	13. NAME Soluce & Bennet	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Call Fill In also the following:  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Addrass)  18. BURIAL, CREMATION, DR REMDVAL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Mainer of injury  24. Was disease or Injury In any way related to occupation of deceased It so, specify  (Signed)	14. BIETHPLACE (city or town) Franklin CU	Name of operation Ale Data of
16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, DR REMDVAL  Place  Place  (Address)  19. UNDERTAKER  (Address)	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, DR REMDVAL  Place  (Address)  19. UNDERTAKER  (Address)	15. MAIDEN NAME COULTY THE WALL	23. If death was due to external causes (VIDLENCE) fill In also tha following:
17. INFORMANT AS ELECTION OF REMOVAL Place A GREATION, DR REMOVAL Place A GREATION Date 11-24, 19-31  19. UNDERTAKER (Address)  18. BURIAL REMOVAL (Address)  19. UNDERTAKER (Address)	o 16. BIRTHPLACE (city or town) to a g Evo your	Accident, suicide, or homicida?
17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL  Place Hugers our Date // 19.3/  19. UNDERTAKER  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)	(State or country)	Where did injury occur? (Specify city or town county and State)
18. BURIAL, CREMATION, DR REMOVAL  Place Hagers Louis Date 11-24, 19-31  Natura of injury  19. UNDERTAKER  (Address)  (Address)  (Address)  (Signed)  Manner of injury  Natura of injury  (Signed)		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Place Nageraloure Date 1 24, 19.31  19. UNDERTAKER CANDER STATE TOWN 24. Was disease or Injury In any way related to occupation of deceased to (Address)  (Address) (Signed) (Signed)		Manner of injury
19. UNDERTAKER Bushiler I Sous  (Address) Lageration Wild  (Signed)  24. Was disease or Injury In any way related to occupation of deceased the list, specify  (Signed)	Place Hageraloun Date 1/- 24, 19 3/	
11-23-316 Gentle (Signed) 15/3. Chairle		24. Was disease or Injury In any way related to occupation of deceased les
20. FILED	20. FILED. 11-23-193 ( hash Sources	(Signed) M. D
Registrar. (Address) - frage fraction to the first the f		

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1010	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	. 13426
County of asleng low	Registration Dist. No. 302
Village or City. 20 a generation (If	No. 7/6 Ward Que St., 2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME CATELLA 16. /2	20 llenger
(a) Residence: No. 7/5 / (Usual place of abode)	St., 2 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Sa. If married, widowed, or divorced	
(or) WIFE of Wall & Sollwares	22. I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, end year) Way 7/566	1 last sew h alive on Nov. 12, 193/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12, 111 fm.
6 6 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	arterio selevorio Dato of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	D. /
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	angina Poctorales 11-12-3,
U 10. Date deceesed last worked at 11. Total time (years)	
o this occupation (month end spant in this occupation	
12. BIRTHPLACE (city or town) 7 2 CO (State or country)	Other Contributory Causes of importance:
1 Total	
E d'a l'accept	none
4 14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Wand Queding	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Way andered  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT A Bellinger	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL) Fred Co /// - 31	Manner of injury
Place Mt. Just Cles Date 1.5., 19.31	Nature of injury
19. UNOERTAKER BUNSALTER TOWNS (Address) An 1845 Augus 2011	24. Was disease or injury in any wey related to occupetion of deceased? 200
20. FILED 11-14-, 1913 1 10 11 11 11 11 11 11 11 11 11 11 11 1	(Signed) W Howard Jeoger M. D. (Address) Hogerford M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2 1981	1915	Attack of epitepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE (	OF DEATH Washingt	0.00	(10	2	1467
Village or	City_Rockdale		(I	Registration Dist. No. St.,  No. St.,  f death occurred in a horpital or institution, give its NAME instead of street and  ds. How long in U.S. N of foreign birth? yrs.	
2. FULL N	AME Frede	rick F.	Bowman		
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	G Diare
Male	4. COLOR OR RACE White	5. SINGLE, MAR	RED, WIDOWED, D (write the word)	21. DATE OF DEATH  November 5,  (Month) (Day)	, 1931 • (Year)
5a. If merried, wide HUSBAND of (or) WIFE of				22.   HEREBY CERTIFY, That I attended  100 5 1971, to 4 200 5	
7. AGE Y	ears Months	OV. 6,	1924  If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7:30 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
No. Industry or work w SAW M 10. Data decea this occ year)	R, BDOKKEEPER, atc.  business in which ass done, as SILK MILL, ILL, BANK, etc.  seed last workad at cupation (month and  city or town)  Dry  1	spa occu	ime (years) nt in this upation	Dither Contributory Causes of Importance:	19/57
13. NAME 14. BIRTHPLAC	Luther Box	a		Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Blanch Timmens  16. BIRTHPLACE (city ar town) (State or country)  17. INFDRMANT Luther Bowman		23. If death was dua to external causes (VIOLENCE) fill in also the followin Accidant, suicide, or homicida?	, 19		
(Address) Rockdale, Md.  18. BURIAL, CREMATION, DR REMOVAL  Placa Broadfording Date Nov. 6,, 1931		Manner of injury			
19. UNDERTAKER - (Addrass) 20. FILED - M-2	Hagerstown		Registrar,	24. Was disease or Injury In any way related to occupation of deceesed?  If so, specify  (Signed)  (Address)	M.

S. No. 1

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Example I	Manager of the Control of the Contro	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interestitical conduction	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	Luly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	000
1.00	infor- state UPA.	1. PLACE OF DEATH	13	455
	of Did CC	County Mas Minimum That LIMITE	Registration Dist. No.	_
	item of should of OCC	Village or City MG gers bown	ND. 123 Lanua & St., death occurred in a hospital or institution, give its NAME instead of street and num	Wa
	it Si		3. ds. How long In U.S. If of foreign birth?yrsmos.	
	RD. Every YSICIANS statement	2. FULL NAME Chas Henry Bu	45922	
	SIC	(a) Residence: No. No ar Thy Tabor	St., Ward.	
	pood 7	(Usual place of abode)	If nonresident give city or town and Sta	ate
	RECOR PHY Exact s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	ha i	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 (Day)	93 (Year)
NG	N E	5a. If married, widowed, or divorcad HUSBAND of	22.   HEREBY CERTIFY, That I attended dec	coacad fu
BINDING	A A ass	(or) WIFE of Annie.	MN 14 197/ 10 700 26	1900
N. N.	EX EX cl.	6. DATE OF BIRTH (month, day, and year) 3 une 15-1891	I fast saw been afive on Plans 1 19 ; d	death is s
~»	d ] d ] erly cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Tm.	
FOR	IS A PE stated E properly certificate.	39 S 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of ons
	S I S	8. Trada, profession, or particular kind of work done, as SPINNER,	A	42
日	THIS d be y be	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which	Cipapelas	non
RV	oul ma	work was dona, as SYLK MILL, SAW MILL, BANK, etc.		13
RESERVED	Sh sh	0 10. Date deceesed last worked at 11. Total time (years)		
20日	AGE that ions	this occupation (month and 931 spent in this year) 1/1/2/2/3/	Other Contributory Causes of Importance:	
	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Hayers town, 112		
MARGIN	FAI ied. ns, stru	(State or country)   ( ( y and .		
AR		13. NAME E 1 1 Dussard		
×	H · · · · ·	14. BIRTHPLACE (city or town) 1 4 1 1 Play (State or country)	Name of operation Date of	
	WITH fully si n plain nt. See		What test confirmed diagnosis?	opsy?
	INEY, WI be careful EATH in p	I	23. If death was due to external causes (VIOL ENCE) fifi in also the following:  Accident, sulcide, or homicida?	19
	LY TH Por	16. BIRTHPLACE (city ar town) Lines ne s (State or country) Indicana,	Where did Injury occur?	, 20
		17. INFORMANT Denis 3. Poussard	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	E.
	PLAI hould OF DI	(Address), 0 th ugers town, The		
		18. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
		Pface Hagers to wm wo Data	Nature of Injury	
<b>H</b>	mation CAUS TION	19. UNDERTAKER H. M. COX Man	24. Was disease or injury in any way related to occupation of deceased?	-
S. No. 1	H T	(Address) Hay exs town, ITTA	If so, specify	
> ⊘i	ż	20. FILED Registrar.	(Signed) (Address) (Address) (Address)	N
7 5	·Ha		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	
NY 1.	J. 110,		A STATE OF S	

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Example I			Example II		
The principal cause of deat of importance were as follows:	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEC 5 Inc.	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	DEG 3 1931	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	E Patricia de la Constitución de	July 5,1927	Peritonitis	3 days ago	
	The second of th	P 1			
	*				
Other contributory causes of	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				11-11	

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-0
County Masking line	Registration Dist, No.
Village or City Hanen	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign blrth?yrsmostls.
2. FULL NAME/Margelle Galherer	Justino
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
temale white OR-DIVORCED (write the word)	/// /6 1 193/
5a. If married, widowed, or allybroed HUSBAND of (or) WIFE of	(Month) (Day) (Year)
(or) WIFE of Laymond a Dussen	22.   HEREBY CERTIFY, That I attended deceased from
7 1 164	1 4 5/ 19 10 11 6 5/ 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
ο σ σ min.	The PAINCIPAL CAUSE OF DEAKH and related causes of Importance were a follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BODKKEPER, etc.	Merevial Just ammental,
4 .9. Industry or business in which	Praido to Ollow
work was done, as SILK MILL, SAW MILL, BANK, etc.	and the same of th
11. Total time (years) this occupation (month and	001 1114 5/1
this occupation (month and 3-1931) spent in this occupation	Was pushed from running board of
12. BIRTHPLACE (city or town). Paul Law lur	Dither Contributory Causes of Importance:
(State or country)	Dunkenners automobile during
13. NAME Dery + Childer	A C. C.
14. BIRTHPLACE (city or town) WO	Name of operation
(State or country)	What test confirmed diagnosis?
TS. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following: /
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Stata or country)	Where did injury occur? Lu Hahwas, he
A Bussel	(Specify city or town county and State)
17. INFORMANT Layrand Husser	Opecity whether injury occurred in ADUSTRY, WHDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury Scall Some with shreds
Place Tall / account Date / 19 19 19	Nature of myring Tabout 60 sutures).
24.6 Parte la	The the third that
19. UNDERTAKER  (Address)	If so, specify((
11/10 = 400. 11	(Signed) V. Ja: V Dran O A M.D.
20. FILED Registrar.	(Address) Jancock (1)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	The same of the sa	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
A	1				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gustroenteritis	1 year		

1. PLACE OF	F DEATH		()	37)	, 0
County	Washing	ton .	ATRILIMITA SA	Registration Dist. No. 30 2	
Village or C		stown,	Md.	No. 678 Highland Way St.,  death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?	
2. FULL NA	ME Indian	a J. Cr	rist.	St., Ward.  If nonresident give city or town and State	
PERSON	IAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Female	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE Widow	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATHOV 22 (Month) (Day) (Ye	l ear)
5a. If married, widow (or) WIFE of	Jacob C	rist (D	eceased)	22. I HEREBY CERTIFY. Thet I attanded dacases	ed from
6. DATE OF BIRTH (	(month, day, and year) ars Months	n 9	If LESS than	to have occurred on the date stated abova, at 7/40 A.M.	ls said
87	ssion, or particular	13	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	of onset
SAWYER, Industry or work was SAW Mil	work dona, as SPINNER, , BOOKKEEPER, etcbusiness in which s dona, as SILK MILL, .L, BANK, etc pation (month and	Sp:	d • time (years) ant in this supation	Januaria Partero salouros	
12. BIRTHPLACE (cit (State or cour	., 0, .0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hanicsb	urg.	Other Contributory Causes of Importanca:	
13. NAME	Le	hn ·			
13. NAME 14. BIRTHPLACE (State or	(city or town)—Unkn	own		Nama of operation	200
15. MAIDEN NA	ME Unkn	own		23. If death was due to axternal causes (VIOL ENCE) fill In also tha following:	
15. MAIDEN NA 16. BIRTHPLACE (Stete or	(city or town)Unkn	own		Accident, suicida, or homicide?	)
(Address)	And the same of th		•	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMAT	non, or removal hanicsburg,	Pa. No	<b>v</b> 25 <sub>19</sub> 31	Manner of injury	
19. UNDERTAKER(Address)	Fred W.	Kraiss stown.	•	24. Was disaase or injury in any way related to occupation of deceasad?	5
20. FILED//-	25-,193/69	horth	Registrar.	(Signad) V Latter Tud	M. D

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Example I			Example II		
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Chronic interstitial nephritis	-DEC 9 10	1921	Run over by street car	1 week ago	
Cercbral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	BISEAU	7.8.			
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastrocnteritis	1 year	

V. S. No.

		STATE C	OF MAR	YLAND-	CERTIFICATE (	OF DEA	TH	
1	1. PLACE OF DE	EATH		(93	(-e)		- 1	3A31
	County Was	hington			Registration Dist. No.			
	Village or City	Near Gri	mes sta	tion	ND. death occurred in a horpital or instituti	NAME	St,	Ward
	Length of residence	in city or town where	death occurred 5	O yrsmos	ds. How long in U.S. if of	foreign birth?	yrs m	os ds.
	2. FULL NAME	Serah Je	ne Davi	S				
		Near Gi			St., Ward.			
- 10					MEDICAL CE		or province	State
_		AND STATIST	.,		MEDICAL CE	ERTIFICATE	OF BEATH	
Í	1 emale 4. Color or RACE White or DIVORCED (write the word) Widowed			21. DATE OF DEATH	Wonth)	5.1931 (Day)	, 193 (Year)	
5a.	. If marriad, widowed, or HUSBAND of	divorced			22 <sub>n</sub> IHEREBY	CERTIES	/ That I attended	doceasad from
(or) WIFE of Josiah Davis					200,5			
6.	DATE OF BIRTH (month	, day, and year)	Ian. 3 1	846	I last saw here alive on	nov. 4	30 A 193/	; death is said
7.	AGE Sears	Months	Days	If LESS than	to have occurred on the date stated			
		10	6	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATI were as follows:	II and related cause	s of importance	Date of onset
NO	8. Trade, profession, c	or particular one, as SPINNER, KEEPER, etck	Housewo	rk	ma	1. A. OX		6/1/3/
A	9. Undustry or busine	ss in which	at hom	е	Myocaudites Chuanes. 6/1/3/			
200	SAW MILL, BA							
Ö	1D. Data deceased last this occupation year)	(month and	sp3	ime (years) nt in this upation				
12	BIRTHPLACE (city or to	We VE	7		Other Contributory Causes of importance:			
	(State or country)							
HER	13. NAME Joh		44					•
ATI	14. BIRTHPLACE (city		Va		Name of operation		Data of	
2	(Stata or count	Jarah Mo	ong		What test confirmed diagnosis?		Was there an	autopsy?
H	15. MAIDEN NAME				23. If daath was due to external caus			
MOI	16. BIRTHPLACE (city		<i>F</i> a		Accident, sulcide, or homicide?	D	Pate of Injury	, 19
	(1) w.	rs E.C.Mi	llar		Where did injury occur?		own, county and Sta	
17	(Address)	Fairplay			Specify whether Injury occurred In	IMDUSTRT, III HUI	ac, of infobble fi	.nut.
18	BURIAL, CREMATION, I	R REMOVAL	Id Nov	. 7.1931	Manner of injury			
10	UNDERTAKER AT	bert Lead	F		24. Was disease or injury in any wa	ay related to occupa	tion of deceased?	70.
13	(Address)	illiemed		120	If so, specify	2		
20	FILED JOV. 6	.,193/. /	scalex	Registrar.	(Signed) (Address)	ledus	may m	M. D.
		( If more	blanks are needed,	address State Registral,	2411 N. Charles Street, Boltimore, Reg	questing V. S. No.	I.	

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Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	FURTHER ST	TATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

S IS A PERMANENT RECORD. Every item of in	stated EXACTLY. PHYSICIANS should st.	properly classified. Exact statement of OCCUP	certificate.	
. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	(93-	<u>C1</u>
County Washing	ton.	Registration Dist. No. 30 2
Village or City Hagerst	Own . (If	No. 368 S. Cannon Ave. St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Keefer	Delbert	
(a) Residence: No. 368 Can	non Aye. (Usual place of abode)	St., St. Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Nov 5 , 1931 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WtFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	880.1880	I lest saw h. Lie elive on 193/ to 1000 3 193/ ; death is sald
7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the dete stated above, etem.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer.	acite Puluman cedera
No lade, profession, on particular wind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		
O Oate deceased last worked at this occupation (month end yeer)	11. Total time (years) spant in this occupetion	
12. BIRTHPLACE (city or town) Ca (Stete er country) Mary	vetown.	Other Contributory Causes of Importance:
		Mys cardead depresation
	ryland.	Name of operation Date of Whet test confirmed diagnosis? Was there en eutopsy?
16 BIRTHPLACE (city or town)	Stevenson.	23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT William	Deibert. stown, Md.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cave town	ksi.	Manner of injury
19. UNDERTAKER EUGGAGAGESS) Hagersto	ersolowo	24. Was disease or injury in any way releted to occupetion of deceased? 20
20. FILED 1/-7-, 193/6 /	affiliacion Registrar.	(Signed) (Address) Hagers own Md M. D
**	11 11 0	Walla Bull B

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUBBAU V.B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can he known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housenmid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foruman," "Manager," "Deal-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, 6 Grocery,

EA 2 CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," ctc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic valvular heart disease, Example: Measles (disease etc. Nomenclature The contributory Always qualify all Measles; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	RECORD. Every item of	Y. PHYSICIANS shou	Exact statement of OC	
OR BINDING	S A PERMANENT	tated EXACTL	roperly classified.	rtificate.
MARGIN RESERVED FOR BINDING	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	N is yory important Soe instructions on hack of certificate.
	RITE PLAINLY,	tion should be care	USE OF DEATH	N is vory imports

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3934
County of all miles with	Registration Dist. No.
Village or City (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME O CLO , M.	Telef.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Mon(h) (Day) (Year)
5a. If married, widowed, or divorced HBSBAND of	
(or) WIFE of Signal Signal Signal	22. HEREBY CERTIFY, That latended deceased from
6. DATE OF BIRTH (month, day, and yeer)	lest saw her alive on 11/2013/1, 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1105 m.
of 1 day, firs.	The PRINCIPAL CAUSE OF DEATH and related causes of mportance were as follows:
8 Trade profession or particular	were as 1011048 Qancar of Kedlungate of one of
kind of work done, as SPINNER SAWYER, BDOKKEEPER, otc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et 11. Totel time (years)	and adjacent
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	source es, o
o this occupation (month and year)	
12. BIRTHPLACE (city or town). A Destroy LCA These	Other Contributory Causes of importance:
(State or country)	
13. NAME Sumiles to Marin	
14. BIRTHPLACE (city or town) Dove / March 14. City or town)	Name of operation
(State of County)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23.1f deeth was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, DR REMDVAR	Manner of injury
Place Hagers (Burn Date 1/22, 12)	Nature of injury.
1 1 1 1 2 2 1 1 ture	24. Was disease or injury In any wey related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20. FILED 1/921 , 1031 / A LC LL THE	(Signed) J. Jt. Jovan. M.D.
Registrar.	(Address) Toucoch Jid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, TOURSEAU YOU,			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 5
	30 7
county Mashington	Registration Dist. No.
	No. 11. 30 M & Marc death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U. S. if of foreign birth?yrsmosds
2. FULL NAME Mary A Downin-	
(a) Residence: No. M&Siduka at Wash Co Jail (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month)  2 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
00 1000	MW 20 ,1971, 10/W 27 ,189
6. DATE OF BIRTH (month, day, end year) Hbr 24 1863	I last saw her alive on 27, 190; death Is said
7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, atm.
66 5 7, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPtNNER,	sol my
SAWYER, BOOKKEEPER, etc. 10058 W. Ye	hr. Myrandla Sea
work was done, as SILK MILL, SAW MILL, BANK, etc	(
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and — 44.3).  11. Total time (years) spent in this occupation 3 0.435	
12. BIRTHPLACE (city or town) Will am sport	Other Contributory Causes of importance:
(State or country)	
# 13. NAME Chas. Helzer	
14. BIRTHPLACE (city or town) Williams port	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Catherine Tennedy	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Cathering Jennadas  16. BIRTHPLACE (city or town) SY ead Cucajum ?  (State or country)	Accident, sulcide, or homicide?
17. INFORMANT W. Brucy Downing.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL  Place St. Date 1130 , 1931	Manner of Injury
19. UNDERTAKER H.K. Coxxx way (Address)	24. Was disease or injury in any way related to occupation of deceased?
11 76- 21/16 1/11 - 200	(Signed) M. I

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis .	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 8 1931	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH  County Nashington	13436 STATE OF MARYLAND CERTIFICATE OF DEATH
WITEIR COMPORATE LIMITS OF	Registration Dist. No. 302
Village or City Jugerlow (No. 1/3 Mc 2FULL NAME aname Chile JS	Coma St.: 4 Ward) Claud Sichelberger, (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 2 , 193 / (Month) (Day) (Year)
7 AGE  Still bound   195   (Month) (Day) (Year)  7 AGE  Still bound   Iday hrs. yrs. mos. ds. or min.?	17 I HEREBY CERTIFY, That I attended the deceased from
8 OCCUPATION (a) Trade, profession or	707
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  Mcd	Contributory Secondary  (Dugstion) yrs mos ds
10 NAME OF FATHER Solucied Sichelberger	(Signed) De Gerelon M. D. D. 1981 (Address) Hugunlow
OF FATHER Z (State or country) 12 MAIDEN NAME 2 (STATE OF COUNTRY)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Calharine of autotrish  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place of deathyrsmosds.  Stateyrsmosds
(Informant) Edward Eichelberger	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Superlowning	Presentes Date of Burial Pur 20, 183/
15 Filed [   20 193   6 kes   Towers Registrar	20 UNDERTAKER . ADDRESS Hegenlown
If more bianks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

er," etc., wirelaborer, laborer, laborer, laborer, are whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Statement of Occupation-Precise statement of ocworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (b) Automobile factory. The material If the occupation has been changed and children, Laborer-Coal mine, etc. Salesman, (b) not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the American Medical Association.) lelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, Whooping ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. valvular heart disease; The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the Jefinite salary definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only not paid Housekeepers who receive a er," etc. Spinner. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, e pecially in industrial employments, it is neces-Cuit engineer, tion fulness of various pursuits can be known. The quescupation state occupation at beginning of illness. If retired from guged in dum, tic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been change to report spreideally the occupations of persons enployed, as At school, or At home. Cure should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocor given up of ecount of the DISEASE CAUSING DEATH, Physician . first line will be sufficient, e.g., Farmer or Plunter, applies to each and every person, irrespective of Forer an. For many write None. that fact may be indicated thus: Farmer without more precise specification as Duy Compositor, Architect, Locomotive engineer, very important, so that the relative health-For persons who have no occupation b. Automobile factory. The material Stationary fireman, etc. But in many a the kind of work and also (b) the If the occupation has been changed occupations a single word or term on mill; (a) Salesman. Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS.

EALT OF INC DEATH the primary affection with respect to time and "usation, using always the same accepted term of the same disease. Examples, Cerebrophial force the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croupt"; Typhical Pneumonia," Rever report "Typhicid Pneumonia,";

"Dehility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association. (Recommendations on statement of cause of totanu may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if inpossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death, 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not we (secondary or intercurrent) affection need not we Chronic interstitial nephritis. unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, can be ascertained as the cause. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by cough; Committee on Nomenclature of the for malignant neoplasms); Chronic etc. The contributory valirular heart Always qualify all "Dropsy, Meusles; discase; death

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more present allower, Eaborer, Coul mine, etc. Wom-laborer, Laborer, Laborer and in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on irs). For persons who have no occupation But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury; accident; Revolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms"; inges, peritonaeum, etc., Carcinoma, Sorcona, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need Chronic etc. The contributory contributory Meusles ; not be etc., 01

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V. S. No. 1

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No. 11.3 J. J. Salvardo Control Contro	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City. Hog with the service of the country of the countr	1. PLACE OF DEATH	13432
Langth of residence in city of fown where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME Samuel P. Jahrey  (a) Residence: No. 1/1.3 Samuel P. Jahrey  (beal piace of books)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX 4 COLOR OR RACE S. SINCLE MARRED WIDOWED  Sa. II married, widowed, or devoted by Universided by U	County Washing In	Registration Dist. No.
Langth of residence in city of fown where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME Samuel P. Jahrey  (a) Residence: No. 1/1.3 Samuel P. Jahrey  (beal piace of books)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX 4 COLOR OR RACE S. SINCLE MARRED WIDOWED  Sa. II married, widowed, or devoted by Universided by U	Village or City Hasterstown	No. 1113 Vigina and Ward
2. FULL NAME Samuel P. Jahrney  (a) Residence: No. 11/3 Lugina and State  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  S. SINCLE, MARRED WIDOWED  ALL OLOR OR RACE  MEDICAL CERTIFICATE OF DEATH  ALL OLOR OLOR OR RACE  ALL OLOR OR RACE  ALL OLOR OR RACE  ALL OLOR OR RACE  MEDICAL CERTIFICATE OF DEATH  ALL OLOR OLOR OLOR OLOR OLOR OLOR OLOR O	(If	
(a) Residence: No. 11.2 Yaylanda (Unsalphee of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINCLE, MARKED, WIDOVED, Order they werd (or) Wife of Order they were order to have the stated above, at 9	Length of residence in city octown where death occurred	as. How long in U.S. if of foreign birth? yrs mos as.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  ORALL CERTIFICATE OF DEATH  Manifeld, widowed, or divorced  MUSAND or divorced  MUSAND or divorced  MUSAND or Months  6. DATE OF BIRTH (month, or and yells)  6. DATE OF BIRTH (month, or and yells)  6. DATE OF BIRTH (month, or and yells)  7. ACE  Vears  Months  Days  11 LESS than  1 day		4
A COURT OR RACE  S. SINGLE, MARKED, WINDOWSED, Own the hybrid of the plant of the p		
3. SEX  4. COLOR OR RACE  ONE EVONCED Combine handed  ONE		
Marke white Properties (Month) (Day) (Year)  Sa. If married, widowed, or divorced HUSBAND (Year)  HUSBAND (Address)  Application of the properties of the pr	3. SEX 4 COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	
59. If married, widowed, or divorced HUSBAND AND AND AND AND AND AND AND AND AND	OR DIVORCED (write the word)	
6. DATE OF BIRTH (month, or, and yelf)  7. ACE  Years  Moatbs  Days  ILLESS than 1 day, hr or, min 1. day, h	5a. If married, widowed, or divorced	
6. DATE OF BIRTH (month, provided by the profession, or particular months of months and pays and the profession or particular months of months and pays and the profession or particular months of m	(or) WIFE of ada B. Fahruse	77
TACE Years Months Days II LESS than I day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related cause of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related cause of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related cause of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related cause of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related cause of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related cause of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related cause of importence were as follows:  The PRINCIPAL Cause of importence were as follows:  The PRIN	Jak 1-1865	0 0
Date of one of the country   Date of one of		
B. Trade, profession, or particular profession and particular profession of particular profession and particular professio	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
Side or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BIRTHPLACE (city or town) (State or country)  19. UNDERTAKER  (Address)  10. Date of might be an analysis of the state of the sta	Trade profession or particular	Date of onset
Dither Contributory Courses of importance:  12. BIRTHPLACE (city or town)	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	
Dither Contributory Courses of importance:  12. BIRTHPLACE (city or town)	andustry or business in which	-5002-
Dither Contributory Courses of importance:  12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc. Land Laundy a.	
Dither Contributory Convex of importance:    12. BIRTHPLACE (city or town)		
13. NAME   William Fahruy   14. BIRTHPLACE (city or town)	year) year) to scupation y	Other Contributory Causes of importance:
13. NAME   William Fahrung     14. BIRTHPLACE (city or town)   Pa   What test confirmed diagnosis? Clement Early Was there an autopsy? No     15. MAIDEN NAME   Sach a MC Call     16. BIRTHPLACE (city or town)   Magnathy     17. INFDRMANT   Chan J Manuar     (State or country)   Where did injury occurr?     18. BURIAL, CREMAFIDN, DR REMORAL     Plece   Magnathy   Manuer of injury     19. UNDERTAKER   Call   The manuar     (Address)   Magnathy   Manuar     (Address)   Magnathy   Manuar     (Specify city or town, county and State)     Manner of Injury     Nature of injur		
What test confirmed diagnosis? Was there an autopsy? To  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMAPIDN, DR REMOFAL  Plece  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  What test confirmed diagnosis?  Was there an autopsy?  Accident, sulcide, or homicide?  Date of injury  Specify city or town, county and State)  Specify whether Injury occur?  Nature of Injury  Nature of Injury  Nature of injury  Nature of injury  Nature of injury In any way related to occupation of deceased?  (Signed)  (Signed)  (Signed)  (Address)		
What test confirmed diagnosis? Was there an autopsy? To  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMAPIDN, DR REMOFAL  Plece  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  What test confirmed diagnosis?  Was there an autopsy?  Accident, sulcide, or homicide?  Date of injury  Specify city or town, county and State)  Specify whether Injury occur?  Nature of Injury  Nature of Injury  Nature of injury  Nature of injury  Nature of injury In any way related to occupation of deceased?  (Signed)  (Signed)  (Signed)  (Address)	H 15. HAME	
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  18. BURIAL, CREMAFIDN, DR REMOVAL  Plece  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. MILDERTAKER  (Address)  11. INFDRMANT  (Address)  12. Maguatum  (Address)  13. If death was due to external causes (VIDLENCE) fill In also the following:  Accident, sulcide, or homicide?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Manner of Injury  Nature of Injury  19. UNDERTAKER  (Address)  19. Jaguatum  (Address)  16. So, specify  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Nature of Injury  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)	14. BIRTHPLACE (city or town)	Al Sandanda
Where did injury occur?  (Specify city or town, county and State)  17. INFDRMANT Mrs. Chan. J. Narry  (Address) Magustrum Mal.  Place Magustrum Mal.  (Address) Manner of Injury  Nature of injury  24. Was disease er injury in any way related to occupation of deceased? Ms  (Signed) Whether Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Manner of Injury  Nature of injury  (Address) Magustrum Mal.  (Signed) Whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Manner of Injury  Nature of injury  (Address) Magustrum Mal.  (Address) Magustrum Mal.  (Signed) Whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Manner of Injury  Nature of injury  (Address) Magustrum Mal.  (Address) Magustr		
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Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, DR REMOVAL Place Lagraturn Maddress  19. UNDERTAKER Scatt A Warrel (Address)  19. UNDERTAKER Scatt A Warrel (Address)  20. FILED  20. FILED  (Address)  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of injury  19. UNDERTAKER Scatt A Warrel (Address)  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)	S (State or country)	
18. BURIAL, CREMATION, DR REMOTAL Place Lagration Mal Date Mov 5 , 19 3 1  19. UNDERTAKER Scatt T Winnels (Address) Lagration Md.  20. FILED 7 , 19 4 6 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	me chas I Harry	(Specify city or town, county and State)
Place Lagraturn Mal Date Mar 5 , 19 3 1  19. UNDERTAKER Scatt 7 Winnels 24. Was disease or injury in any way related to occupation of deceased? No least 1 so, specify (Signed) (Signed) (Signed) (Address) Hopking forms (Address) (Address) Hopking forms (Address)		
19. UNDERTAKER Scatt F Wirnels (Address) Hagustown Md.  20. FILED - 3 , 19 7 6 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
20, FILED / - 3 , 19 7 6 Kolff Ours (Signed) (Address) Hoper forms (Address) (Address) Hoper forms (Address)	Plece Lagualium Ma Date Mor 5, 19 3 1	Nature of injury
(Address) Hagustown Md.  If so, specify  (Signed) Forest Course, M.D.  Registrar.  (Address) Hagustown M.D.	19. UNDERTAKER Scott 7. Minnel	24. Was disease er injury in any way related to occupation of deceased? Ro
20. FILED / (Address) Hagers forme, Md.	30.4	If so, specify
Registrar. (Address) Hopele Journ, Villa.	20. FILED / 1- 3- 193/ 6 KOLFT OWER	(Signed) loker 1. Loveral M. D.
	Registrar.	

c Kegistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. J. P. Crurad,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	i week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week 200
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1	1- I have not treated patient Her has not
Theen	heated by anyone for several years, I was
gall	so after the atopped over and by the true
	R.V.G

N. B.—WRITE PI		PL	shoul	G
N. B.—W				TOTO O
s z (-	. No. 1	B.—W	mat	CA
	, N	ż	(	

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	15440
County Washing John LIMITE	Registration Dist. No. 302
Village or City 26 a gers trure	No. Wash to Notital St. 3 War
	If death occurred in a hospital or institution, give it NAME instead of street and number)
Length of residence in city or town where death occurred	os. ds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME James Ha	rra
(a) Residence: N. 1398 Cutillaur	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White single	(Month) (Day) (Year)
ie. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceesed fro
(or) WIFE of	19 3/ to // 2 19 3
DATE OF BIRTH (month, day, and year) May 13"1907	I last saw h line alive on 1/2 19 3/ death is si
AGE Years Months Deys If LESS than	to have occurred on the dete steted above, at 4/1, m
2 (6 /a 19 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance
8. Trade, profession, or perticuler	were as follows:  Date of on
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Typhrid twan Sept 25
9. Industry or business in which	
kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and	
10. Date deceased lest worked et this occupation (month and spent in this	
year) octupation	one characteristics
12. BIRTHPLACE (city or town) Welmers tow	Other Catributory Causes of importance:
(State or country) Delaurur	
13. NAME 6 has 21. Farra	1
13. NAME 6 tras M. Frarra  14. BIRTHPLACE (city or town) Willying tow	Name of operation deparatoring Date of 18/2-19
(State or country) a Delaware	What test confirmed diagnosis? It is all - Wes there an autopsy?
15. MAIDEN NAME Sallin Zarifox	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Sallie Lay Cov  16. BIRTHPLACE (city or town) Wilying ton	Accident, sulcide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Then & & Plans	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
7. INFORMANT (Address) / 465 8 Contactant	Specify whether injury occurred in those this, in the man, or the obelo reace,
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Welling Ton Date /4, 193	Nature of injury
Quil to klan	
19. UNDERTAKER OUSSIE ON TOWN 2007	24. Was disease or Injury Is any way related to occupation of deceased?
(numos), Journal and	11 30, Specify
20. FILED 19/16 Keyp Jowers	(Signed)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I.		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN

No

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PEACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County W4571111	Registration Dist. No. 3 6 7
Village or City WWW.XXXX IV (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the Word)  6 DATE OF BIRTH  (Month)  (Day) (Year)	(Month) (Day) (Year)
7 AGE Stubor   If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 UNIVERSAL PROPERTY OF FATHER (State or country)  13 BIRTHPLACE OF FATHER (State or country)  14 UNIVERSAL PROPERTY OF FATHER (State or country)	Contributory Secondary  (Duration)  198 (Address)  *State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted,
(Informant)	Former or usual residence
(Address) 1981. Emma gountiers Efactly Registral	ADDRESS ADDRES
If more banks are/needed, address Ltate Kegistrar	, 10 W. Saratoga St., Daito., Requesting

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from g: ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupationwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enor At Home, and children, especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation -Precise statement of ocsingle word or term or not gainfully em-

Strtement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, approved by Committee on causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Enhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronie interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease eough; "Heart failure," "Ilaemorrhage, Chronie and consequences (c. g., sepsis, valvular heart disease; etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

V. S. No. 1

County	Washin	gton	Registration Dist. No.
	city Hagerst		No. 31½ Bethel Street St., 5  If death occurred in a hospital or institution, give its NAME instead of street and number obs.  ds. How long In U.S. if of foreign birth? yrs. mos.
	me Barabr	the state of the s	
		ethel Street	St 5 Ward.
(a) Kesidei	ice: No	(Usual place of abode)	If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 26 (Month) (Day) (Y
5a. If married, widow HUSBAND of (or) WIFE of		cis Deceased	22. Sul HEREBY CERTIFY, Thet I attended deceased in the state of the s
e DATE OF BIRTH	(month, day, and year)	Unknown 1851	I last saw here alive on the same alive on 1931; death
7. AGE Yes		Days tf LESS than 1 day, hrs	to have occurred on the date stated above, at 8:30 mP. M.
	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc.	ouse Work	arterio-Sclerosis 1
9. Industry or work we	business in which is done, as SILK MILL,		
10. Date decease	LL, BANK, etced lest worked at pation (month and	II. Total time (years) spent in this occupation	
12. BIRTHPLACE (c (State or cou	ity or town) Roher ntry) Md	syille	Other Contributory Causes of importance:  Semile Debulls
13. NAME	Mason Turn	er	
	. ( )	nknown Md.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NA	ME Unknow	n	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLAC	E (city or town)Unk r country)	n-own	Accident, suicide, or homicide?
(Address)	Bessie Fran Hagerstown,		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA	TION, OR REMOVAL	d.Date_Nov2919.3	Menner of injury
19. UNDERTAKER (Address)	Fred W. Kr Hagerstown		24. Was disease or injury in any way related to occupation of deceesed?  If so, specify  (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

r e r	STATE OF MARYLAND	CERTIFICATE OF DEATH
y item of infor- S should state t-of OCCUPA-	1. PLACE OF DEATH  County Cash Nato Market Street County Village or City Cash Cash Cash Cash Cash Cash Cash Cash	Registration Dist. No. 30  NG 24 Salem Ave st, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
CORD. Every PHYSICIANS of statement	2. FULL NAME \( \begin{align*} \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	St., Ward.  If nonresident give city or town and State
GUT REST LY.	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)  5a. if married, wildowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
RMAN X A C classifi	6. DATE OF BIRTH (month, day, end yeer)	22. HEREBY CERTIFY, That I attended deceased from 13/, to 100 20, 193/; deeth is said
ED FOR B. HIS IS A PE be stated E be properly of certificate	7. AGE Years Months Days If LESS than 1 day, hrs. ormin.  8. Trede, profession, or particular kind of work done, as SPINNER, House, Xey, Xey.	to have occurred on the date stated above, at 2m.  The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance ware as follows:  Date of onset  Date of onset
RESERVED  IG INK—THIS  AGE should be that it may be one on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass In which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and a) year)  11. Total time (years) spent in this occupation occupation	
MARGIN RI UNFADING supplied. AGI n terms, so tha	12. BIRTHPLACE (city or town) Mayer Stown (State or country)  13. NAME Soshua Hoover	Other Contributory Caoses of importance:
MA H U sup in to	13. NAME & Shuq Hoover  14. BIRTHPLACE (city or town Hagers town (Stete or country)	Name of operation. Now. Date of
PLAINLY, WITH hould be carefully OF DEATH in pla	15. MAIDEN NAME athering tebb.  16. BIRTHPLACE (city or town). The gexstown.  (State or country)  17. INFORMANT Haxold Fuller  (Address)	23. if death wes due to external causes (VIOLENCE) fill in elso the following:  Accident, sulcide, or homicide?
E SI SI SI	18. BURIAL, CREMATION, OR REMOVAL Place Tayor Stown Md Date MM 23, 1931	Manner of injury
N. B.—WRITE mation of CAUSE TION is	19. UNDERTAKER FLAT COXX WG n (Address)  20. FILED 1-23-, 1931-2 CASTON PROTECTION OF THE PROTECTION O	24. Was disease or injury in any way related to occupation of pacesed?  If so, specify  (Signed)  (Address)  (Address)
V .+	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

cause of death and related causes were as follows:	Date of onset
0.11	
0!/	1 week ago
et car	1 week ago
	3 days ago
ntory causes of importance:	1 year
I	utory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.

	OF DEATH		110	(r)	
County_W	ashington			Registration Dist. No. 30	2)
Village or	city onyders	Landing	near Sha	erpsburg Md st,	Ward
Length of a		tooth comment 7		death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. N of foraign birth? yrs	
	asidance In city or town where		1-1-16s	yisyis.	105 05.
2. FULL N	AME Phillip	Grove			
(a) Resid	lence: No. Silia i	psburg		St., Ward.  If nonresident give city or town an	J State
DEDEC	NAL AND STATIST	(Usual place		MEDICAL CERTIFICATE OF DEATH	a State
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
male	white		(wive tha word)	Nov. 11. 1931	, 193. (Yaar)
5a. If marriad, wid HUSBAND of	Deggia	Grove		22. I HEREBY CERTIFY, That I attandad	dacaased from
(or) WIFE of	30,7, 20	1010		, 19, to	, 19
6. DATE OF BIRT	H (month, day, and yaar)	Not K	nown	I last saw h aliva on	; daath is sald
7. AGE bout	Years Months	Days	If LESS than	to have occurred on the date stated abova, at925_m.	
67			1 day, his.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importanca wara as follows:	Date of onset
8. Trada, pro	ofassion, or particular	Retired	R. R.	Heart allack brought in	
SAWY	of work dona, as SPINNER, ER, BOOKKEEPER, atc			by allempe at much by	
NOTE AND SAWY S. Industry of work of SAWY 10. Date dece	or businass in which was dona, as SILK MILL, St MILL, BANK, etc	stion A	gt.	drowing	
SAW I	eseed last worked at				
	ccupation (month and 1930	spa occi	ima (yaars) nt in this 40 yrt		
				Other Contributary Causes of Importance:	
12. BIRTHPLACE (Stata or c	(city or town) Balti	more-Md			
œ 13. NAME		3 0			~~
Ξ.	Daniel Luc		Ve		
	ACE (city or town)	ld		Name of operation Date of	
1	NAME Margeret	Sheffer		What test confirmed diagnosis? Was thara an	
E	5M	Duatiei		23. If daath was due to external causes (VIOLENCE) fill In also the following	
O 16. BIRTHPLA	ACE (city or town)			Accidant, sulcida, or homicide? Date of injury	, 19
, (State	Mrs Bessie	Grove		Whara did Injury occur? (Specify city or town, county and St	ate)
17. INFORMANT (Address)	Sharpabun			Spacify whathar injury occurrad in INDUSTRY, in HOME, or in PUBLIC P	LAUE.
	ATTON, OR-REMOVAL			Mannar of injury	
Plece Sh	arpsburg.Md.		131931.	- Natura of injury	
19. UNDERTAKER	Albert Le	, C4 1111		24. Was disaase or Injury In any way related to occupation of deceased?	
(Address)		port	Md	If so, specify	
00 5450 ///	13 ,318	4/19	me	(Signed) Herhand Deffer Cours	ac M.D
20. FILED	, 19		Registrar.	(Address) / Dageston, md	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	1
The principal cause of of importance were as furtheriosclerosis	death and related causes ollows:		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July5,1927	Peritonitis	3 days ago
	311111111111111111111111111111111111111			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 3

St. Ward)

13445

(If death occurred in

ADDRESS

angle.	tion, give its NAME in- atead of streat and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	7 , 193 /
My (Month)	
17 % I HEREBY CERTIFY, That I a	
that I last saw ha alive on M	7 30 , 192 ,
and that death occurred on the data atat The CAUSE/OF DEATH * was as follows:	
Falirellasi	
Contributory Ex Hanne	yre mos Ads.
*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hos ients or Recent Residents)	pitals, Institutions, Trans-
At place In to of death yrs mos. ds.	the Stateds.
Where was disease contracted, if not at place of death?	
Former or usual residence	<u> </u>
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more bianka are needed, addrass State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Solesman, .(b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Loy laborer, Form loborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile foctory. The material single word or term on

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. stated unless important. or as probably such, if impossible to determine definitely. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles American Medical Association.) (Recommendations on statement of cause of death lelanus) may be stated under the head of "contributory." as fracture of skull, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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HYSI-	Exact	
N. B Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	tificate.
re state	be prop	ck of cer
Ehould	at it may	ns on ba
led. AC	ns so the	struction
uily supp	plain terr	it. See ir
be carefu	EATH in	importar
should	SE OF D	N is very
formation	tate CAU	SUPATIO
em of in	should s	nt of OCC
Every it	CIANS	statement of OCCUPATION is very important. See instructions on back of certificate.
20		

-	County Description	STATE OF MARYLAND CERTIFICATE OF DEATH
The same of the sa	Village or City William (No.	Registration Dist. No. 307  St.: Ward)  (If death occurred In a hospital or institution, give its NAME instead of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  192  (Day) / (Year)3
	6 DATE OF BIRTH  (Month)  (Day)  (Yeal)	that I last saw to Link to the first tended the fleceased from that I last saw to Link to the first tended the fleceased from that I last saw to Link to the first tended the fleceased from the f
	7 AGE State   If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at
1	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Stillton
3	business, or establishment in which employed or (employer)	Contributors Secondary
	10 NAME OF FATHER  (1) 11 BIRTHPLACE	(Signed)
	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
	(Informant) When Hore	if not at place of dea.h?
1	(Address) DEUROGU NA	Gent wille Mal Address
	Filedhov ( f. th. 1981 of helma Harrison) Deputy Registres	10 1 1 52t, How Ourseuk mg

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 9 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi or intercurrent) cough; Committee on Chronic Example: Measles (disease affection need not be etc. valvular heart Nomenclature The contributory Always qualify all Measles; disease " etc.

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PLACE OF DEATH County Masfungline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 306
Village or City Smith lung (No	St: Ward)  St: Ward)  (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED.  WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH Nov. 7 , 198/
6 DATE OF BIRTH  (Month) (Day), 846  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923/. to 1923/. that I last saw h 24 alive on 1923/.
7 AGE  Soccupation  Respondence of the second secon	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Lyrs. Comos. de.
9 BIRTHPLACE (State or country) Floy ville Ind  10 NAME OF FATHER Samuel Pryor	Contributory Secondary  (Durstion)  (Signed)  (Signed)  (Address)  (Address)
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  WORDS  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place of death
(Informant) Mrs. Chester Bran denling (Address) Smith king Mil	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Line Will Climeters 19 19034
Filed Nove 7 190 See Heagus Registras  If more b.anks are needed, addre.a Ltate Registra	20 UNDERTAKER  ADDRESS  Malty Gyore May reslow 18  1, 16 W. Sarayoga St., Balto., Lequesting V. S. Lo. 1.

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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, etc. nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Locomolive engineer,

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebros. inal menin\_itis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shoek,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all eausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping ..... (name origin; "Caneer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainas fracture of skull, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease; Nomenclature of the

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MOTHER | FATHER

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STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH			13448
County Washington Village or City Hagerstown	n-Washir	igton CO.	Hospital Registration Dist. No. St. Ward
Length of residence In city or lown where	death occurred3	(1)	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
(a) Residence: No. 234	Winter (Usual place	st	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE	RED, WIDOWED, Directive the word)	21. DATE OF DEATH  NOV 7. 1931 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	arch30.	1928	Hast saw hair alive on 2005, 19.3.1; death is said
7. AGE Years Months 7.	Days 8	If LESS than  1 day,hrs.	to have occurred on the date stated above, at -30 A m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year)	spa	eime (years) nt in this upation	Freetweek Hose of spull: Out 3! caused by pile of railroad ties folling on child, while It play; seven days be-fore death. Cow & R.
12. BIRTHPLACE (city or town)Hagorat (State or country)	own	V.d	Other Contributory Causes of importance:  Acute meningtis, cerebro-spinal hor
13. NAME Ernest Heibe 14. BIRTHPLACE (city or town) Shar (State or country)		Mq	Name of operation.  What test confirmed diagnosis?  Was there an autopsy? ho
# 15. MAIDEN NAME LUCY Spen	ce		23. If death was due to external causes (VIOL ENCE) fill In also the following:
	erdstow	n W. Va	Accident, sulcide, or homicide?
17. INFORMANT Ernest Heib (Address) Hagerstow			(Specify city or town, county and State) Specify whether Injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Sharpsburg M	d_Date_No.V	9 ,1931	Manner of Injury: Nature of injury:
Albert Leaf 19. UNDERTAKER Williams po (Address) Williams po	rt, M	đ	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED 11-9-, 193/16	easth	Registrar.	(Signed) (X. S. Stauffea M. D. (Address) Wogerstuh, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 305
Village or City ( ) & and Cx' Creek.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	C ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella Hoge	P.Lin
(a) Residence: No. 52 VV d vie Pve Hya H	Is still e Tward. Hyats ville ITA
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH WW \ (Day) (Year)
a. If metried, widowed, or divorced HUSBAND of (or) WIFE of Single	22. I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, end yeer)	I last saw h alive on
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete stated above, at. 3 Pm.
59 11 22, 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Lobas Premonia 11/11/31
9. Industry or business in which work was done, as SILK MILDUY ECQUE ENGY ON THE SAW MILL, BANK, etc	
10. Date deceased lest worked et this occupation (month end 43) spent in this occupation when the deceased lest worked et this occupation and the deceased lest worked et	
12. BIRTHPLACE (city or town) Nay peo bury (Stete or country)	Other Contributory Causes of Importence:
13. NAME Thomas Hoge	
14. BIRTHPLACE (city or town) VV ay nes burg	Neme of operation Dete of
15. MAIDEN NAME NO VOU OR meho and	What test confirmed diagnosis? Wes there an autopsy?  23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) New Lexing Im	Accident, sulcide, or homicide? Dete of injury, 19
17. INFORMANT TITTS Finis 4 TI Clad	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Hughts ville in a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
18. BURIAL, CREMATION, OR AMOVAL PIECE TYATS WILLE MODEL TO 18, 1931	Menner of Injury
19. UNDERTAKER HALL CONT. MAN. HTT.	24. Wes disease or injury In any way related to occupation of deceased? . No-
20. FILED 100 . 17, 193   Williams Bast. Registrar.	(Signed) A. L. Porterfield M. D.  (Address) 136 W. Washington St.
	V

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	entry of the control	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MOST SELLING			
Other contributory eauses of importance	1/	Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Village or City Workson (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30  St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME RASOLIE HORAS	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FEMALE A COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCE OF DIVORCE (Write the word)  6 DATE OF BIRTH  MOUNTS (Day) (Year)	16 DATE OF DEATH    Complete   Co
7 AGE    Social Pation   Grade, profession or particular kind of work   Grade   Grade	and that death occurred on the date stated above, at
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 MAIDEN NAME OF MOTHER  (State or Country)  15 MAIDEN NAME OF MOTHER  (State or Country)  16 MOTHER  (State or Country)  17 MOTHER  (State or Country)  18 MOTHER  (State or Country)	Contributory Secondary  (Duration)  (Durat
(Address)	Where was disease contracted, if not at place of dea.h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS

8



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Wilham.
Laharer, Farm laborer, Laborer-Spinner, should be used only when needed. As examples: (a additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, ged in domestic service for wage, as Servent, Cook, Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, to engineer, For many occupations a single word or term on 3778). know (a) the kind of work and also (b) the (b) Cotton mill; (a) Solesman. without more precise specification as Doy For persons who have no occupation Stolionary firemon, etc. But in many -('oul mine, etc. Locomotive engineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEALE COURTS DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroopinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphihleria (avoid use of "Crup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition, "Weakness," "E:haustion," "Debility" ("Congenital," "Senile," etc.), "Gropsy," "E:haustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis corbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. (secondary American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, perilonaeum, etc., Corcinoma, Sorcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; by Committee on Nomenclature of the or intercurrent) affection need "Marasmus," "Old Age," "Shock, Chronic ," etc., when a definite disease Example: Measles disease ," "Coma," "Convulsions, valrular hour disame etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

2

Fred

19. UNDERTAKER

20. FILED

(Address)

W. Kraiss

Hagerstown

should state

		CERTIFICATE OF DEATH	3451
3		Registration Dist. No. Registration Dist. Reg	
2	L. FULL NAME James L. Jackson.  (a) Residence: No. 50 Blooms Ave.  (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and	State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male   4. color or race   5. single, Married, Widowed, or Divorced (write the word)   Married	21. DATE OF DEATH  Nov 25  (Month) (Day)	193 ] (Yaar)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Jackson.	22. I HEREBY CERTIFY, That I ettended of Nov. 20. 1931, to Nov. 2.5	leceesed from
	DATE OF BIRTH (month, day, end year)  AGE Years Months Days If LESS than 1 dey, hrs. or min.	to heve occurred on the date stated above, at 3/15 Pm. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	deeth is said
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Hephrilis Chy Untracronial hemorrhage	11/21/3
220	10. Dete decessed lest worked et this occupation (month end year) 11. Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town)	Other Contributary Causes of Importence:	11/23/
ER	13. NAME Martin Jackson.		
FATHER	14. BIRTHPLACE (city or town) Little Washington.  (State or country) Va	Name of operation Date of Whet test confirmed diagnosis? Was there en a	utopsy?
ER	15. MAIDEN NAMEnie Griggsby	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following	
MOTHER	16. BIRTHPLACE (city or town) Little Washington (Stete or country) Va	Accident, sulcide, or homicide?	, 19
17	INFORMANT Ashby Jackson.  (Address) Hagerstown.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18	BURIAL, CREMATION, OR REMOVAL	Menner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

If so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

r <sup>1</sup>	Example T		Example II	
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 2 1931	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

inforstate

Jo

STATE OF MARYLAND-CERTIFICATE OF DEATH

What test confirmed diagnosis? \_\_\_\_ Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: (Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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mple II	
th and related causes	Date of onset
	1 week ago
	1 week ago
	3 days ago
of importance:	
	1 year
_	f importance:

--Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDI WRITE PLA

V. S. No. 1

	PLACE OF DEATH	13453 STATE OF MARYLAND
	County 4/ Wings	CERTIFICATE OF DEATH
	2 1-1	Registration Dist, No. 302
Vil	2FULL NAME Flor a Marginia	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH Jovember 20, 193/ (Month) (Day) (Year)
6 1	Galy 16, 1863	17 October 1928 to Dovember 201931,
	(Month) (Day) (Year)	that I last saw h Malive on forembles 20, 1931.
7 /	If LESS than	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
	68 yrs. 4 mos. 5 ds. or min.?	
1 (	OCCUPATION a) Trade, profession or articular kind of work	Taralysis agitans
9	b) General nature of industry usiness, or establishment in which employed or (employer)	(Dyration) 14 yrs mos ds.
9 E	(State or country) Maryland	Contributory Maly see Aguans  Dury for H. yrs
	10 NAME OF FATHER IN BUOWN	(Signed) Katell M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Dath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
PARE	OF MOTHER MARIE MARSHMAN	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Racent Residents)
	19 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Pessie Awland (Address) + unbstorion	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Filed 11/22/ 193/ Charl Bower Ragistrar	20 UN DERTAKER LECher Funkston Md
	If more bianks are neaded, addrais Stata Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., Spinner, nature of the business or industry, and therefore an sary to know cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Seruant, Cook, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houselaborer, Farm luborer, Luborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. that fact may be indicated thus; Farmer (rewithout more precise specification as Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the person, irrespective of Locomolive engineer, (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to the angle of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar Imeumonia, Bronchopneumonia ("Pneumonia,")

928 miles

American Medical Association.) (Recommendations on statement of cause of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train carbolic acid-probably smede. The n ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sareoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weukness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondar, Whooping "Atrophy." "Collapse." "Conna," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; or intercurrent) affection need Chronie etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is exential and must be obtained before the certificate is permanently filed

V. S. No.

N. B.-

PLACE OF DEATH	STATE OF MARYLAND
County Mashingler	© CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITS OF	Registration Dist. No. 302.
Village or City flepenlown (No. 12	Name of State of Street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED. (Write-tile word)	16 DATE OF DEATH 200 (Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
mr 6, 1931	
(Month) (Day) (Year)  7 AGE  Still LESS than I day hrs.  yrsmosds. ormin.?	and that death occurred on the date stated above, at
OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	(Duretion) yreds.
Which employed or (employer)	Contributory Secondary
10 NAME OF FATHER 201- Zone	(Signed) M. D.  200 6 193/ (Address) / Lyenton M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many In Kreller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER Thul	ients or Recent Residents)  At place In the of deathyrsmosds.
(State or Country)	Where was disease contracted,
(Informant) In any In / Cueller	if not at place of death?
(Address) / fu fees love M4	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed //- 7- 193 (Blast bowers	Menuses   Mr. 7. 1931. 20 UNDERTAKER   ADDRESS
Registrar	mis Kudler //ugentown
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

15121

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Housemaid, etc. to report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation Cotton mill; (a) Salesman. (b) (b) Automobile factory. The If the occupation has been changed Laborer-Coal mine, etc. not gainfully em-The material Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE	OF	MARYL	AND-CEF	RTIFICATE		 
				(6)	1 1	

1. PLACE OF	F DEATH				
County	Washington	7.7		Registration Dist. No. 302	2
Village or C	ity Hagerstown		(N	No. Washington County Hospitalst,  f death occurred in a hospital or justitution, give its NAME instead of street and  ds. How long in U.S. if of foreign birth?yrs.	Ward d number)
2. FULL NA	ME STILLBORN	MARK	-		
(a) Residen		(Usual place	of shade)	St., Ward.  If nonresident give city or town as	nd State
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	id Otate
3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH  NOVEMBER 6,  (Month) (Oay)	., 193 1
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorsed			22. I HEREBY CERTIFY, That I attende	
6 DATE OF BIRTH (	month, day, end year)	lov. 6. 1	931	I last saw h. Last. alive en. New G 193.	
7. AGE Yea		Deys	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated abova, at/ 1m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profas kind of w SAWYER,	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc				Oate of onset
9. Industry or l	business in which done, as SILK MILL,				
10. Oate daceasa	L, BANK, etcad last worked at pation (month and	spa	time (years) ent in this	STILLBORN	
12. BIRTHPLACE (cit (State or coun				Other Cautributary Causes of Importance:	
₩ 13. NAME	Cecil H.	Marks			
E	(city or town)			Name of operation	
15. MAIOEN NAI	ME Gladys	Icnes		23. If death wes due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Gladys Jones 16. BIRTHPLACE (city or town) Md  (State or country)				Accident, suicide, or homicide? Oate of Injury Where dld Injury occur?	, 19
17, INFORMANT (Address)			***	(Specify city or town, county and St Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC F	PLACE.
18. BURIAL, CREMAT	ION, OR REMOVAL			Manner of injury	
Place		Oate	, 19	Nature of Injury	
19. UNOERTAKER (Address)				24. Was disease or injury in any way ralated to occupation of deceased?  If so, specify	
20. FILED	, 19		Registrar.	(Signed) (Astronomy Color of C	Jul.

20 notes blanks are geoded, address State Registrar, 2411 N. Charles Street, Baltimore, Registing V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	- Para	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis 7	1 year
	1.40.	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy 1921  Run over by street car.  July 5,1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	S	TATE O	FMAR	YLAND-	CERTIFICATE OF DEATH 13455	
1	. PLACE OF DEAT	H		(131)	20.5	
	County Was	hington			Registration Dist. No. 20	
	Village or City	Mayersti	Wn LIMITS	• • •	No. 652 Oak Hill Ave. St., St., Wa	ırd
		_		yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?	ds.
2	. FULL NAME	Mary E.	McCun	e		
	(a) Residence: No.	652 Oal	(Usual place	Avenue. of ahode)	St., Ward.  If nonresident give city or lown and State	and and
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		n or race		RED, WIDOWED, D (write tha word) OW	21. DATE OF DEATH  November 8, 193 1  (Month) (Pay)	•
5a.	II married, widowed, or divor HUSBAND of (or) WIFE of Joh	n T. Mc	Cune	Deceased	22. I HEREBY CERTIFY, That I attended deceased from 1939, to 11/8 1939	
6.	Sept. DATE OF BIRTH (month, day	17, 184	19		I last saw h alive on 1/8 193/ ; death is s	
-	AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated above, at 12:00m. Noon	
	81	1	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
OCCUPATION	8. Trade, profession, or pa kind of work dona, SAWYER, BOOKKEE 9. Industry or business in	as SPINNER, PER, etc which	Home W	lork	chromic Endolardites 3	
occu	Nork was dona, as S SAW MILL, BANK, e 10. Data deceased last wor this occupation (mor year)	ked at ith and	spe	ime (years) nt In this		
12	BIRTHPLACE (city or town) (State or country)				Other Contributory Causes of Importance:	
2	13. NAME Henr	y Ather	ton			
FATHER	14. BIRTHPLACE (city or to (State or country)				Name of operation Date of Was there an autopsy?	
22	15. MAIDEN NAME MA	rv Eliza		alul	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or to (State or country)				Accident, suicide, or homicide?	
17		H. H.		n	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION, OR R	EMOVAL			Manner of injury	
	Place Hagers	toen	Date_Nov_	. 11, 19.31	Nature of injury	
	. 011021117111211 222202	W. Kra erstown,		recero		и. D.
20				Registrar.	(Address) Ha prastance hed	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1931	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DEC 3 1931				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	Moy 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DC 9 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BURNAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, As examples: (a) (6) Grocery;

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	DERTIFICATE OF DEATH 10409
County Washing Love	Registration Dist. No. 800
2 1 0 1	
Village or City Just Annua	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	nos. ds. How long In U.S. it of foreign birth?mos ds.
2. FULL NAME Delon & Municipal	week
(a) Residence: No. Blg Sprang	St., Ward.
(Usual plage of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	1600, A. 193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF (Or) WIFE OF MANY & Municer &	22. I HEREBY CERTIFY, That I attended deceased from
	last saw has sailive on was to lot a 19 !; death is said
6. DATE OF BIRTH (month, day, and year) 21 21 864 7. AGE 67 Years Months Days If LESS than	to have occurred on the date stated above, at II Porm.
9 /2 I day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Impartanco
8. Trade, profession, or particular	were as follows; Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
N. Industry or business in which work was done, as SILK MILL.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  Up Date deceased last worked et @cb 24 II. Total time (years) this occupation (month end	
this occupation (month end 1931 spant in this 50)	5
7. 9. 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Sugar 1000 (State or country) Subul cure d	
II 13. NAME Sacol Bulmark	
14. BIRTHPLACE (city or town) Mercenburg	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Colour Dedrick  16. BIRTHPLACE (city or town) Beg Pool  (Stell or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Beg Lool,	Accident, suicide, or homicide? Date of injury, 19,
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MAY & Museuch	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date for 15 193	Nature of Injury
19. UNDERTAKER Af Cofficial Such	24. Was disease er injury in any way releted to occupation of deceased?
20. FILED NOV 13/26 J. W. Musica Registration	Y (Signed) Tuuthau la la la M. D. (Address) & C. M. Z. M. D. L.
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND

CEDTICICATE OF DEATH

15450

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II			
The principal cause of deat of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows;	S Date of onset		
Arteriosclerosis	DEC 5 1811	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	DEP 1 1631	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BURRAU V.	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TO THE

BINDIA

MARGIN RESERVED FOR

V. S. No. 1

111	MARYLAND
	TE OF DEATH
Registratio	on Dist. No. 30 Z
Village or City Ougantoun (No. 902 Thruce St.: 2 Was	ard) (If death occurred in a hospital or institu- tion, give its NAME; - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICAT	E OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED LOUPE (Write the word) 16 DATE OF DEATH (Month)	30 (Day) 3/ (Year)
	attended the deceased from
(Month) (Day) (Year) that I last saw to make a life on 1/30	ited above, nt 6 PH m.
yrs. mos. ds. or min.? Bildery Orough Mull	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	yrs ds.
9 BIRTHPLACE (State or country)  Contributory Secondary  Life Duration	yrsds.
10 NAME OF FATHER LUN MUNNY (Signed) J.	Weeksh. M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME C  13 (Address)  *State the Disease Causing Dec Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	ath, or, In deaths from Injury and (2) Whether
of Mother June Miley 18 LENGTH OF RESIDENCE (For Ho ients or Recent Residents)	
OF MOTHER (State or country)  At place of death yrs	the State yrsmosds.
(Informant) The BEST OF MY KNOWLEDGE if not at place of death?  (Informant) The Mulliway if not at place of death?	
(bedress) 902 Should St Post Harry	DATE OF PURIAL
Filed 2 192 6 Registrar	ADDRESS TO A SAN TO A
If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting	V. S. N.A.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William.
Laborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary,, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation -- Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Coal mine, etc. Wom-Locomolive engineer, ."" (Deal-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disc se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever 'never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, telawas) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronie affection etc. The contributory valvular heart need " Shock," disease; not be death

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

FOR

MARGIN RESERVED

V. S. No.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis DFC 9 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	0			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 14

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	
	1915 1921	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 9 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

state infor-

19. UNDERTAKER (Address

1. PLACE OF DEATH

County Washington

STATE OF MARYLAND—CERTIFICATE OF DEATH 13464

	Danishastin	on Dist. No. 3	5/
No			
	tal or institution, give its NA in U.S. if of foreign birth?		
St., War		ent give cily or lown and	d State
MED	ICAL CERTIFICAT	TE OF DEATH	
21. DATE OF D		25. 1 <b>93</b> 1	, 193 (Year)
	REBY CERTI		
nov.	5 1931 to	7001.25	1931
I last saw h Lun a	live on Nav.	75 193.1	; death is sale
to have occurred on the	a date stated above, at 10		
	E OF DEATH and related ca	auses of importance	
were as follows:			Date of onset
Myor	meditis C)	huome.	2
Other Contributory Can	nees of importance:	lous literal	7
Name of operation		Date of	
What test confirmed di	agnosis?	Was there an	autopsy?
23. If death was due to	external causes (VIOLENCE)		
Accident, sulcide, or ho	omicide?	Date of Injury	, 19
Where did Injuty occur	?	or town, county and Sta	
Specify whather Injory	occurred in INDUSTRY, in	HDME, or In PUBLIC PL	ACE.
Manner of Injury			
Natura of Injury			
	ry in eny way related to occ		20
If so, specify		aponon or deceased:	
(Signed)	-17 June	well , O.	0 M I
(0.8.00)	William	sparet n	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		7	

ADDITIONAL.	SPACE	FOR	RHERHER	STATEMENTS	PV	DIIVCICIAN
ADDITIONAL	SPAUL	TUK	FURIHER	STATEMENTS	DI	PHISICIAN

TH.	2	TLY, PHYSI-
SIGN	RMANENT CORD	ould be stated EXACT may be properly class
MARGIN RESERVED FOR BINDI	LLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	nformation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-state CAUSE OF DEATH in piain terms so that it may be properly classified. Exact
MARGIN RE	WITH UNFADING	USE OF DEATH in p
	LY,	nformatic state CA

County Washing ton	CERTIFICATE OF DEATH Registration Dist. No. 300
Village or City Name Other No. 2FULL NAME Other Traffe	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malu White Single, Married, Nidower OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH Figh 24, 1845	that   Jast saw ham alive on 200 2 192
(Month) (Day) (Year)  7 AGE  8 b yrs. mos. ds. ds. or min.	and that death occurred on the date stated above, at
(a) Trade, profession of third Harmer  (b) General nature of industry	Chrome Hypertrophys Propale gland. Teneral Sendity.
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory ( from Para from from ) upporters Secondary ( from Cycliff,
10 NAME OF FATHER John Doffenbarger	(Signed) Nather H. Sherly M.D.
OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidel or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	IB LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) (Informant) (Informant)	if not at place of death?  Former or usual residence
(Address) Sharffus Durg 1	Sharfolog Mol 11=8, 1931 20 UNDERTAKER DADRESS
Registrar	ar, 15 W. Saratoga St., Baito., Requesting V. S. No. 1. Moc

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enr," etc., Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-Grocery,

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Les lette under " Bell	" FOV	authornotion	to correct date	1/1/2
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

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	CERTIFICATE OF DEATH 13468	
1. PLACE OF DEATH,	245	
County Thackmater	Registration Dist. No.	
Village or City 7 wastown	No. St.,	Ward
Length of residence In city or town where death occurredyrsyrs	ds. How long in U.S. if of foreign birth?	ds.
CA 11 81:04	B'I ala	
2. FULL NAME Donald Hilliam	Lagery	
(a) Residence: No. (Usual place of abode)	St., Ward	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
M. O. T. A. OR DIVORCED (with the word)	100 month 12 ,19521	
5a. If married, widowed, or divorced	(Month) (Day) (Year	1)
HUSBAND of	1 HEREBY SERTIFY That I attended deceased	from
A	n war 12 13 31	-1-
6. DATE OF BIRTH (month, day, and year) Capril -15-1930	I last saw ii and oil	s seld
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date steted above, at	
6 28 ormin.	were as follows:	onset
8. Trede, profession, or particular kind of work done, es SPINNER.		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	A DAMACKAL DAMAAAAAAA hite	2/3,
Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	7000000 10 10 100000 100 11	N M
O TO Date deceased lest worked at 11. Total time (yeers)		
this occupetion (month and spent in this occupetion		
The and solonor	Other Contributory Causes of importance:	1
12. BIRTHPLACE (city or town)	dans runchiles	7151
		13
	Name of operation Dete of	
(State or country)	Name of operation	ho
15. MAIDEN NAME Educa S. Wiltress  16. BIRTHPLACE (city or town) - Anadrick  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
(State of County)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT LIE C. B. delly	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Tunketow Md	Manage of Jahran	
Place Trederick Nd. Date Nov. 15., 1931	Manner of injury	
7154 9 12 1 NE		
19. UNDERTAKER W = C & Days Y Lay	24. Wes disease or Injury in any way related to occupetion of deceased?	
(Address) Samuelme Md.	If so, specify	M D
20. FILED 17-14-, 19-31-6 kg	(Signed) Halywwn Na	_ W. U.
Registrar.  If more blanks are needed, address State Registrar.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RUBEAU V K				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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HYSI-Exact 13469

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and sumber.)

ADDRESS

· · · · · · · · · · · · · · · · · · ·
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (), West 7/3: - U. 19 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the decessed from November 6 1921, to Konnels (6, 1923) that I last saw her alive on the last saw her alive on the last saw here alive on the last
The CAUSE OF DEATH in was as follows:
lufing lyth.  (Duration) yrs. mos. de
Contributory Secondary  (Duration) yrs. mos. de  (Signed) Triba Duiller M.D.
1924 (Address) Hager Somme Und
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
At place In the of death yrs. mos. da, State, yrs. mos. da
Where was disease contracted, if not at place of death?
Former or usual residence.
Wayne bor o To Whenher 19

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1.

In. melos lectu 12/30/31 states

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servaul, Cook, Housemaid, etc. If the occupation has been changed Latever, write None. thed 6 yers.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked ou may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) a 'ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely "Puerperal scuticaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure." "Haemor-rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Astheuia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mon-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as Accidental, Suicidal, or Homicidal, or State cause "Uracmia," "Weakness," etc., when a definite disease vulsions." ..... (uame origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular heart disease; (Recommendations on state-Example: Meastes (disease (merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County washing tou	CERTIFICATE OF DEATH
(2	3)
	Registration Dist. No.
Village or City Leas foss (No.	St.: Ward) (If death occurred in hospital or institution, give its NAME is stead of street an
2FULL NAME CELVES! VILLENS	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	(Mouth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
aug 19th 1858	July 2 3 19231 to Nov 11 , 1923
(Month) (Day) (Year)	that last saw h Malive on 192
7 AGE [If LESS than	and that death occurred on the date stated above, at
49 9 27 I dayhrs.	The CAUSE OF DEATH * was as follows:
73 yrs. 2 mos. 22 ds. or min.?	Juliania Julasulosiis
(a) Trade, profession or Jabores  barticular kind of work	1
(b) General nature of industry	(2)
Business, or establishment in which employed or (employer)	(Duration) de mos de
9 BIRTHPLACE	Contributory
(State or country) Maryland	Secondary (Duration) 7 yrs
TO NAME OF SALE PROPERTY OF	(Signed) Driely M. F.
10 11 BIRTHPLACE	(Address)
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clinabelly Coarl	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	At place in the of death yrsmosds. State yrsds.
	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) Mus. John Myers	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hazersloven hed 16	manut from How 13th, 10 3
Filed 1923 Free Or Brewlafer Registrar	David Martin Green stle
If more bianks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should is used only when needed. As examples: (a) state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quesbusines that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in donic tic service for wages, as Nervaul, Cook to report similarly the occupations of persons enployed, as it school, or At home. Care should be taken definite ralary, may be entered as Howevife House-work, or At Home, and children, not gainfully emen at home, er," etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer. Physician, Statement of Occupation-Precise statement of oc-Whalever vric Housemord, e. . If the occupation has been clanged household only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, Foreman, applies to each and every For many occupations a single word or term on (b) Catton mill; (a) Salesmon. (b) Grocery; mun, (b) Automobile factory. The material is a y important, so that the relative healthwithout more precise specification as Day Co ipositor, who are engaged in the For persons who have no occupation laborer. Laborer-Coul mine, etc. Wom-Stationary fireman, etc. None. a) the kind of work and also (b) the Architect, Locamolies engineer, person, irrespective of duties of the But in many

Statement of Cause of Death—Name, first, the pister of the constitution, using always the same accepted to time of clusation, using always the same accepted term for the same dise se. Examples: (archapinal ferer the only definite synonym is "Epidemic cerebrosi in it ": Dioblheria avoid use of "Croup"); Typhoia for never report "Typhoid Pheumonia"); Lobar proumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicucmia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition, " "Marasmus, "Dehility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" merely symptomstited unless important. Example: Measles (disease inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-(secondary "Tumor" death), 29 ds.; Bronchopmeumonia (secondary), name origin; "Cancer" is less definite; avoid cough; by Committee on Nomenclature is indefinite); Tuberculosis of lungs, menor intercurrent) for malignant neoplasms); Chronic " "Old Age, " "Shock," affection need etc. valvular heart disease; The contributory Mousles; not be ., ctc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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WRITE FLATING ONFADING INNINIS IS A FERMANEN!	>	2	en
	N. B Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH	13471 STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Washington	(53)
00 1	Registration Dist. No. O 5
Village or City Elea Spung (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Daniel Schneb	ley Seibert stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White. Single. MARRIED. Married. OR DIVORCED. OR DIVORCED. OR DIVORCED.	(Month) (Day) (Year)
6 DATE OF BIRTH	(Month) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
100- 20	Liery 1960 192 fl. to/100, 6 192 , 192
(Month) (Day) (Year)	that I Inst saw hamalive on Move 192 1
7 AGE [If LESS than	and that death occurred on the date stated above, ot
I dayhrs	
yrs. / mos. ds. or min.	Curinoma of Employed
(a) Trade, profession or Peticed Farmer	The way one is
(b) General nature of industry business, or establishment in	(Duration) vrs. mos. de
Which employed or (employer)	Contributory
State or country) South Charlston ohio	Secondary  (Duration)yrsmosd
FATHER Paniel B. Seibert	(Signed) M. I. M.
OF FATHER OAC ON TO	
(State or country) Washington to.	*State the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Plisabeth Schnebby	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) Worshington Co-	of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des.h?
(Informati) Mrs. Daniel Scibert	Former or usual residence
(Informant) Was Daniel Sewie	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Clear hung Ma,	St. Paul Cemetry Mov 8, 1931
1/2 2 2 . 0 .	20 UN DERTAKER
Filed 100 7 198 J. W. Muney	Treal / Tyans Hagers on
V Joen Marie	ar, 16 W. Saratoga St., Balto., Requesting V. S. 100. 1.

(Approved by U. S. Census and American Publie Health Association.)

should be used only when needed. As examples: (o) tired 6 yrs). state oecupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Solesman. without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, corbolic ocid-probably suicide. The nature of the injury, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular Nomenclature of the heart discose;

If this certificate is looked over thoroughly and a I qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be -WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2
County (Washington)	Registration Dist. No. 302
Village or City 7 unlestours	No. St., Ward
1/1	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
and fill. Out	C-'-
2. FULL NAME YACK William Dalle	w Segman
(a) Residence: No./ (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. MARRIED, WIDOWSD, (write tha word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH  Sovember 25, 193/ (Month) (Day) (Year)
HUSBAND of Hamel K. Seignan	22. Sept 1931, to HEREBY CERTIFY, That I ettended deceased from 25, 1931
6. DATE OF BIRTH (month, day, and year)	I lest saw h in alive on 7 25, 1931; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at. 10.220 P.m.
72 10 24 fday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, School Deacher SAWYER, BOOKKEEPER, etc.	Chronie sheumatie
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and the spent in this spent i	myocardosis 1926
10. Date deceased last worked et this occupation (month and yaar)  11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Chemoville	Dither Contributory Causes of importance:  Squeral attacks of
(State or country) Wash. Co. Md.	reflerinated fever in las
13. NAME  14. BIRTHPLACE (city or town) Okensyelle 1999	lala liger, I
(State or country)	What test confirmed diagnosis? Was there an autopsy? No
16. BIRTHPLACE (city or town). Open Williams fort Ma	23. If death was due to external causes (VIOLENCE) fill In also the following:  Actident, suicide, or homicide? Date of injury, 19
17, INFORMANT Q. C. Signay  (Address) Lachetra M.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
f8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Bearn Creek Date 100.28., 1931	Nature of injury
19. UNDERTAKER WH D. Bast Port	24. Was disease or injury in any way related to occupation of deceased?
11-76-31 1-44 143-10	(Signed) Addell M. D.
20, FILED Registrar.	(Address) Hagerstown Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I.		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chranic interstitial nephritis	1921	Run aver by street car	1 week aga	
Cerebral hemarrhage	July 5,1927	Peritanitis	3 days ago	
Cereoral nemarrhage	3,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstanes	May 1,1923	Gastraentcritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example-I			Example II		
The principal cause of death and related causes Date of or of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	n=0 0 1931	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	ULW V	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BUREIUV	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
All Control					

V. S. No. 1

BINDIN

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Exam	ple I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis	1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	VACION	July 5, 1927	Peritonitis	3 days ago
No.	3	The second		
A A				
Other contributory causes of i	mportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
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Arteriosclerosis ·	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

Date of onset

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Example I			Example II		
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVER	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	LEC 3 LL	July 5, 1927	Peritonitis	3 days ago	
	BURNAN				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	CERTIFICATE OF DEATH	3477
1. PLACE OF DEATH		
( county 1) ashington	Registration Dist. No. ろのS	
Village or City (2 obustro	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
- C	ds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAME Segekiah M. Snav	ely	
(a) Residence: No. Blanstone Md. (Usual place of abode)	Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5. If married, widowed, or divorced	21. DATE OF DEATH / 6 (Month) (Day)	, 193(Year)
HUSBAND of Cor) WIFE of Mussing Strange	22. 1 HEREBY CERTIFY. Thet I attended.	deceased from
6. DATE OF BIRTH (month, day, and year) Law . 53/855	I last saw h. en alive on hov _ 16 , 193/	; daath Is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 11	
76 10 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER Hotels Y Severy Business in which	a Free line of Allall	11/16/3
work was done, as SILK MILL, for Room Indianal SAW MILL, BANK, etc 11. Total tima (years)		
this occupation (month and year) spent in this occupation	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) Eakle Mills	Other Contributory Causes of Importance.	
(State or country) Md.	Cene Ceral Thursdaye	11/16/31
13. NAME John 74. Snavely,	V	
13. NAME John H. Swarely, 14. BIRTHPLACE (city or town) & a kles Mills I	Name of oparation Date of	
(State of country)	What test confirmad diagnosis? Was there en e	utopsy?
15. MAIDEN NAME Lydia Analdson  16. BIRTHPLACE (city or town) Resord.	23. If daeth wes due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicida?	11 41
17. INFORMANT Dheodore Snavely.	Where did injury occur? Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Feall dawn Stairs.	
Place Boundon Md Dete Mu 18 . 1913/	Nature of injury Franchic To Skull.	
19. UNDERTAKER COMO, Basty Son	24. Wes diseese or injury in any wey related to occupation of decaased?	no
20. FILED NOV. 18., 19 2 1 Ulian D. Back. Registrat.	(Signad) Description of the (Address) Description of the Control o	M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	MAJE
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

TION is very important.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 13478
1. PLACE OF DEATH	211.
County (O) ashington	Registration Dist. No. 316
Village or City Keedysville	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosda.
m sili	11 574
(a) Residence: No. Kerdy will Ma.	Br., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (	21. DATE OF BEATH 1 93/
Jamele White Tendowed	(Month) (Oáy) (Year)
HUSBANO of	22.   HEREBY CERTIFY, That I attended deceased from
(OT) WIFE OF George W. Smurly.	19. 21, 10/ - 7 , 192)
6. OATE OF BIRTH (month, day, and year) Que . 27 - 185.5	I last saw h 2 death is reld
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at /m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
16 2 22 ormin.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEPPER, etc.	ewonie ryo carain
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Eakles Mills	Other Contributory Causes of importance Unstilled
(State or country) wash. Co. Ma.	ne h hait
13. NAME Joseph & Keedy.  14. BIRTHPLACE (city or them) Cakles Mills	11-0010 caus
14. BIRTHPLACE (city or them) College (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sobia C. Clopper  16. BIRTHPLACE (city or town) Locust Strade	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Charles & Keedy	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Keelysvolle Md. Oate Mru. 22, 1931	Nature of injury
19 UNDERTAKER (BU) Bost & Loy	24. Was disease or injury in any way related to occupation of deceased?
(Address) Borns born Md.	If so, specify
20. FILED TO 21, 1931 1 DA Lectures Registrary	(Signed) M. D. (Address) A. D. L.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUE AU V.S.			
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

(Address)

H 134	19
St, great and no yrs. mos	Ward umber)
city or town and S F DEATH	State
12,	
That I attended d	10 3/
, 19 <i>3 /</i> (m.	; daath is said
importanca	Date of onset
lue &	Men 1- 205
Date of	
Was thera an au	
of injury	
or in PUBLIC PLA	) CE,
of deceased?	ZLO
el deceased:	

Registrar.

If so, specify (Signed)

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEAT

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Example 1			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	TRECEIVE	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephr	rit <b>i</b> s	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 9 1931	July 5,1927	Peritonitis	3 days ago
	BURRAU V.			
Other contributory can	uses of importance:	x x 4 towards	Other contributory causes of importance:	
Gallstones		May 1;1923	Gastroenteritis	1 year

STATE OF MA		CERTIFICATE	OF DEATH	1.5480
·	(93-0	-)		
ounty Washington			Registration Dist. No	300
County Washington Village or City Powder Cxce	c \z	No.	tion, give its NAME instead of	St, Ward
	20	_ds. How long In U.S. if o		
2. FULL NAME H My S. S.	Lottle me	424		
	eele	St., Ward.	160700000000000000000000000000000000000	1 C
(a) Residence: No. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	RTICULARS	MEDICAL C	If nonresident give city or ERTIFICATE OF DE	
3. SEX 4. COLOR OR RACE   S. SINGLE, N	MARRIED, WIDOWED, 2	21. DATE OF DEATH	0	
Emale White Marie	RCED (write the word)	Nove	(Month) (Day)	, 193 (Yesr)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Edward 7.	2	22. A .I HEREBY	CERTIEY, That I	attended deceased from
Q T & S (OF) WIFE OF TO (1) (1)		Oct. 29	1928, to nov.	5, 1931
	9-1860	I last saw h LV _ alive on _	Jou , 200	, 19 3/; death Is sald
TACE Veers Months Bows	9 4 6	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT		
FOR Stated 15 A 15		were as follows:	H and related causes of importa	Oate of onset
	e Line	12	2	10/20/3
Rind of work done, as SPINNER SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL.  SAW MILL, BANK, etc.  11. To		ynione 11	yours ins	12410
A D D D D D D D D D D D D D D D D D D D	atal time (vacca)			
SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and A 1131 11. To year)	spent in this 20445	#. C.		
NAAR AND THE TOTAL OF THE TOTAL	عاد_	Other Contributory Causes of Impo	rtance:	
(State or country)				
(State or country)  13. NAME Seorge FT dam  13. NAME Seorge FT dam  14. BIRTHPLACE (city or town) 2 cay x C	5			
H 13. NAME (Seonge FT dam)  14. BIRTHPLACE (city or town) State or country)  (State or country)	1887.	Name of operation		Oate of
E A TO COUNTY		What test confirmed diagnosis?		
A S H H H 15. MAIDEN NAME H WY W 10001 CV		23. If death was due to external cau		
15. MAIOEN NAME HNI Y NOW AND		Accident, suicide, or homicide? Where did Injury occur?	Vate et inju	ry, 19
17. INFORMANT COUNTY)  17. INFORMANT COUNTY)		Specify whether injury occurred in	(Specify city or town, count n INDUSTRY, in HOME, or in P	ty and State) UBLIC PLACE.
17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL	mol			
18. BURIAT, CREMATION, OR REMOVAL	n 8 1931	Manner of injury		
17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL  Place  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER	11819	Nature of injury		- W
19. UNOERTAKER A / COXXXXX		24. Was disease er injury in any w	ay related to occupation of dec	east? 10
(Address) Hayers Assay	11110	If so, specify(Signed)	Kathe	III MO
20. FILEO 100. 6 , 193 ( ) Ula	Registrar.	(Address)	gerston	md.
DVR. H. Bell, If more blanks are need	led, address State Registrar, 24	\$11 N. Charles Street, Baltimore, Ro	Juesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU W.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

S

MARGIN RESERVED FOR BIND	WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMA	· BEvery item of information should be carefully supplied. ACE chould CIANS should state CAUSE OF DEATH in plain terms so that it may
9.6	PL. NLY,	of informat
S. No. 1	WRITE	BEvery item CIANS shou

N. S.

0

PLACE OF DEATH	13481 STATE OF MARYLAND
County Millian Glori	CERTIFICATE OF DEATH
and the state of t	Registration Dist. No. 3 03
71 94	
Village of City Manager (No.	St.; Ward) (If death occurred in a hospital or institu-
2FULL NAME TIME WELD Philo	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED. OR DIVORCED	192 km
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	192 / . to
17000 11111, 171	
(Month) (Day) (Year)	that I last saw h alive oh 192, 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	to so the state of
(a) Trade, profession or	
particular kind of work	1
business, or establishment in	(Duration)yrsds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
La war of	(Duration)ds.
10 NAME OF FATHER	(Signed) M. D.
11 BIRTHPLACE	Landing 192, (Address) Ma Lall a Care
	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF FATHER (State or country) 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER	At place of deathyrsmosds. Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MI KNOWLESGE	Former or
(Informant) will be the the	usual residence
The state of the s	1.11
(Address)	11 / 4 C 2 C 1. 1. 1. 19
15 Filed Not of 1931 ) W. Myllay	2D UNDERTAKER ADDRESS
A Bea Registral	Queit Jeenelly
If more banks are needed, addre.s Ltate wegistran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe Arst line will be sufficient, e.g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Forner (reg. ged in domestic service for wages, as Servont, Cook, loborer, Form loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremon, (b) For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesmon. For persons who have no occupation Stationory fireman, etc. But in many Automobile factory. The material person, irrespective of 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by Committee on Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Whooping Examples: Accidental drowning; Struck by railway trointaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular Nomenclature heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 15482
1. PLACE OF DEATH	
county Washington	Registration Dist. No. 30
Village or City Hageys town	Nollong State Moud St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of cesidance in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth? yrs mos ds.
2. FULL NAME Flower Franklin o	um mers
(a) Residence: No. 119 Slooms Ave	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
ITTale Colored STA STAR word)	(Month) (Oay) (Yaar)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased from
(OI) WIFE OI	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Church & [918]	I last saw h alive on , 19 ; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atni.
10 20, Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
La Trada profession or particular	Cate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Typhoin fever
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this year)	
Hanne Friend	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - 1 00 9 2 5 10 00 1	
# 13. NAME Deni Soumers.	
E O ROLL	Name of acception
(State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
I 15. MAJOEN NAME HOLDEN	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Heles City or town) Sucurs by (State or country)	Accident, suicide, or homicide? Date of Injury 19
State or country)	Where did injury occur?
17 INFORMANT DOLLS SUMPES.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT DILL SOUVILYS.	Specify which in his countries in the country, in home, or in tobelo tende.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place HILLSENESTIMM W Date Mr 30 ,1931	Nature of injury
19. UNDERTAKER FIZE, COXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO / - 30 - , 19 B / Registrar.	(Signed) (Address) M. S.
***************************************	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	T.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Rup over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	E OF M	AR	YLAND-	CERTIFICATE	OF DEA	TH	15483
County Was Village or City Hage	hington rstown	Par es	~/ (If	ND. 426 Salem		_St.,	Ward
2. FULL NAME  (a) Residence: No. 426	France Salem	Ave	/yrsmos Swartz.	ds. How long In U.S. if of	f foreign birth?		_mos ds.
PERSONAL AND STA	TISTICAL F	PARTI	CULARS	MEDICAL CI	ERTIFICATE	OF DEATH	4
3. SEX 4. COLOR OR RAC		LE, MAR LYORCE LOW	RIED, WIO OWEO, D (write the word)	21. DATE OF DEATH	Nov (Month)	19 (Day)	, 193 1 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Her  1855 6. DATE OF BIRTH (month, day, and year)	may A.S.	wart 3rd		22. I HEREBY 14 I last saw h. — alive on	193/ , to /8	m 19	ded deceased from
7. AGE Years Mon	ths D	ays 3	If LESS than I day,hrs. ormin.	to have occurred on the data state The PRINCIPAL CAUSE OF DEAT were as follows:	d abova, at _5/	15 A.M.	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEPER, etc  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		I. Total t	ime (yeers) nt in this upation	Cerebrack 100  of Paraly  Other Contributory Causes of Impo	n's		m/44
	County,		a •	Chronic.		uli	Olline
I4. BIRTHPLACE (city or town)(State or country)	va.	•		Name of operation			
15. MAIDEN NAME (Jane)  16. BIRTHPLACE (city or town)  (State or country)	Bowe.	7	7 -	23. If death was due to external cau Accident, suicide, or homicide? Where did injury occur?	(Specify city o	Data of Injury	, 19 State)
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill C	STOW emet OateN	7,	21 <sub>19</sub> 31	Specify whether injury occurred in  Manner of injury  Natura of injury			
13. UNDER INKER	d W.Kra erstown			24. Was disease or injury in any w  If so, spacify  (Signad)			7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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xample I		Example II		
th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
DEC 9 1991	1915	Attack of epilepsy	1 week ago	
	1921	Run over by street car	1 week ago	
URAUT V G	July 5,1927	Peritonitis -	3 days ago	
of importance:	May 1,1923	Other contributory causes of importance:	1 year	
1	th and related causes ows: DEC 2 1931	th and related causes Date of onset ows:  DEC 2 1915 1921 July 5, 1927  of importance:	The principal cause of death and related causes of importance were as follows:    1915	

V. S. No. 1

should state

	CERTIFICATE OF DEATH 13484		
I. PEACE OF BEATH	2		
ovulty	Registration Dist. No. 3 0 6		
Village or City Couclown M	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred 79 yrs. most			
(a) Residence: No.	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)		
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of	22. HEREBY CERTIFY. That t attended deceased fr 30, 1931, to Combo (193)		
6. DATE OF BIRTH (month, day, and yaar)	I last saw he ative on Mary 1931; daath is said		
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated abova, at 3 15 m.  The PRINCIPAL CAUSE OF DEATH and related courses of importance ware as follows:		
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Gliroun My carditis Lore		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased lest worked at this occupation (month end	J		
O Date deceased lest worked at this occupation (month end spear) spent in this occupation occupation			
12. BIRTHPLACE (city or town) leavetown and (State or country)	Other Contributory Causes of importance:		
13. NAME l'oselle. Ficher			
13. NAME Caseful. Fieler  14. BIRTHPEACE (city or town) Service  (State or country)	Neme of operation Date of		
	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Dout Know.	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?		
17. INFORMANT Myriam Bolf (Address) Lower Cower and	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place and town Date tow 8, 193	Mannar of Injury		
19. UNDERTAKER Seo. B. Hoover (Address) Sunthiburgy 4	24. Was disease or Injury in eny wey related to occupetion of deceasad?		
If more blanks are needed, address State Registrar.	(Address) - Juintles Sure 9		

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Example I-		Example II			
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

/	infor- state UPA-					OF MAR	YLAND-	<b>—</b> C	CERTIFICATE OF DEATH	185
X		1.	PLACE O						91)	3
1,	ould OCC		County	ashi	ngton	CYN DMIYA .			Registration Dist. No.	
	should of OCC		Village or (	City	Hagers	town	Md.		No. 827 Lanvale st,	Ward Ward
			Length of res	idence in ci	ty or town where	death occurred			eath occurred in a hospital or institution, give its NAME instead of street and r ds. How long in U.S. if of foreign birth? yrs. m	
	Every CIANS ement								110	701
	CORD. Every PHYSICIANS ict statement	Z.					h Wilkes	S	77	
	RD YS sta		(a) Resider	ice: No	Same as	(Usual place	of abode)		St., Ward.  If nonresident give city or town and	State
	CO PH ict	and the latest division in the latest divisio	PERSON	IAL AN	D STATIST				MEDICAL CERTIFICATE OF DEATH	
	r re Y. Exa	3. SE	OR DIVORCED (write the word)						21. DATE OF DEATH Nov. 19.1931	, 193
Ţ	T L Y ied.	5a. 1	f marriad, widov	ved, or divo	rced	wide	weu		(Month) (Day)	(Year)
	RMANEN X A C T I classified.		HUSBAND of (or) WIFE of	0.7	inton w	ilkos			22. I HEREBY CERTIFY, That I attended	deceased from
BIND	EX A		100000000000000000000000000000000000000			v. 15.	1850		, 19, to	
BI			ATE OF BIRTH						I last saw h	; daath is said
K	IS A PE stated E properly certificate	7. AC	E 81 Yea	ers	Months	Pays	If LESS than		to have occurred on the date stated above, at 2. 30 M.	
FO	IS A stated proper ertific						or min.		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Q	be be lof c	Z	8. Trade, profe	ssion, or pa work dons,	as SPINNER. H	ousewor	·k		Someral Debility due to her	
VED	=	CUPATION	9. Industry or	business in	PER, etc which				advenced age:	
R	Should it may n back	100	work wa	s done, as S LL, BANK, e	which SILK MILL, 9t	home		-	Orterio solerosis cev& R.	
RESER	F-1	S K	Date deceas	ed last wor	ked at 920	11. Totai	tima (years) ent in this		Commo-Acxirous Control	
RE	AGE that	-	year)			land	upation		Other Contributory Causes of importance:	
	So 1	12. E	BIRTHPLACE (ci		mar y	Land				
MARGIN	NFADING pplied. AGF erms, so tha instructions	~	(State or cou	ntry) Simo	n Poffe	nberger				
4R	UNFA supplied n terms, ee instru	FATHER	13. NAME		Mary					
M	H U sul	AT	14. BIRTHPLACE		wn)				Name of operation	
	ITH Illy su plain . See			country)	usan Ho	upt			What test confirmed diagnosis? Was there an a	ulopsy?
		H -	15. MAIDEN NA	ME ~	цони ц				23. If death was due to external causes (VIOL ENCE) fill in also the following	•
4	CX, WIT	MOTHER	16. BIRTHPLACE	(city or to	mu)IL-A-IL-A	land			Accident, suicide, or homicide? Date of injury	, 19
	INLY, W be carefu EATH in important		1	country)					Where did Injury occur? (Specify city or town, county and State	3)
	LA Id DI	17. 1				offenbe	rger		Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
	Should OF DI	18. B	URIAL CREMA	HON OR R	amsport		05.76	-	**************************************	
			URIAL, CREMA	llam	sport	Nd No	v. 23,19	201	Nature of injury	
	WRITE mation s CAUSE TION is		A	Ther	t Toof	***************************************				
0. 3	TCE	19. U	(Address)		t Leaf	t o Ma			24. Was disease or injury in any way related to occupation of deceased?	
No.	m'		1/-2	3~	3/1/2	1 AL	8	4	(Signed) taken hypties Corane	A 30-70
٧. ٧	z T	20. F	ILED	, 1	19 6-7-1	01/10	Registrar.		(Address)/ Duqueles many and	/
				0.0	If more	blanks are needed.			arr N. Charles Street Relimore Paqueston 71 S. No. a	

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E	xample I	i	Example II			
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	her since	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage		July 5,1927	Perilonitis	3 days ago		
	EURBAU V.					
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	25		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

1.	PLACE OF	Washingt	on		(41)	Registration bist. No. 330/			
		W.William	ana.		N.G.	No. 46- Fenton Une St.			
		ence in city or town v	-		CIE CIE	death occurred in a hospital or institution, give its NAME instead of street and number)			
						ds. How long in U.S. it of foreign birth?yrsamos			
2.	FULL NAN	ME Nary	EL.	orence	-Wolfe				
	(a) Residenc	e: No. Will	iam	SPOTT	of abode)	St., Ward.  If non:esident give city or town and State			
		AL AND STAT				MEDICAL CERTIFICATE OF DEATH			
3. SEX. i emale 4. COLOR OR RACE or DIVORCED (aprile the word)					RRED, WIOOWED, D (write the word)	21. DATE OF DEATH  Nov. 18, 1931  (Month)  (Day)  (Yea			
5a. If	f married, widowe HUSBANO of	d, or divorced							
	(or) WIFE of	John	E W	olfe		22.   HEREBY CERTIFY That I attended deceased			
6. OA	ATE OF BIRTH (r	nonth, day, and year)	Ju:	ly 2,	1858	Mast saw hel alive on lov. 18 , 1933; death i			
7. AG	GE Yaar	s Monti	ns	Days	If LESS than	to have occurred on the date stated above, at 9 _ Pm			
	73	4		16	l day,hrs. ormin.	75. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
Z	8. Trada, profess kind of wo	sion, or particular ork done, as SPINNE	۲.	Lou sew	rk				
ATION	SAWYER, 9. Judustry or b	BOOKKEEPER, etc				Merial Acleroses 24			
3	work was	done, as SIŁK MILL, , BANK, atc		At Hom	9				
	0.4- d		070	11. Total	ime (years)				
	year)		330	- 060	upation life	Other Centributory Causes of importance:			
12. B	SIRTHPLACE (city	or town)	ryl	nd		Other control of the portainer.			
- I	(State or count	3 ~	10	_		Lastric cutarrh 3m			
HER 1	13. NAME		een						
FATHER	14. BIRTHPLACE	(city or town)	HIY.	lend		Name of operation 20012 Oate of			
	(State or o	Not 8	now	1		What test confirmed diagnosis? Lone Was there an autopsy?			
MOTHER	15. MAIOEN NAM	IE 2100 II	110 111	1 11 11 11		23. If death was due to axternal causes (VIOLENCE) fill in also tha following:			
0	16. BIRTHPLACE		~			Accident, sulcide, or homicide? Oata ef injury			
- 1	(State or					Where did Injury occur? (Specify city or town, county and Stata)			
	(Address)	Mrs Edwa				Specify whather Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.			
18. B	URIAL, CREMATI	UN, UK KEMUVAL.		nsport	Md 77	Manner of injury			
	Place	iamsport	Mo	OateNOT	7. 22,1931	Nature of injury			
19. U	NOERTAKER	Albert L.	eaf.	ct' 3°c		24. Was disease or injury in any way related to occupation of deceased?			
20. FI	Na	10 21	1	& off	1 /2 //	(Signed) Luco Joose			

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE LION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   DEC 9	July 5,1927	Perilonitis	3 days ago
BUREAU V a			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	4 4 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	state UPA	1. PLACE OF DEATH	10460
1	7)	county YVashington	Registration Dist. No. 30 2
(H)	item of should of OCC	Village or City H Carry State Limits of	No. Wash Co Hospi Yal St, 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	> 00 -	Length of residence in city or town where death occurred 21 yrsmos.	
	COKD. Every PHYSICIANS ict statement	2. FULL NAME TY HOLY IT VYOLK:	W.
4	SIC ate	(a) Residence: No. 1301 Dirginia Ava	St. Ward.
		(Using place of abode)	If nonresident give city or town and State
	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	EX.	3. SEX  4. COLOR OR RACE  VY ( ) Te  5. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (write the word)	21. DATE OF DEATH Wenter 4 193 (Year)
Z	ANENA CT Ssifted	5a. If married, wildowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
IQ.	A (A	(or) WIFE of Single	nov 2 1931 to nov 4 1931
BINDIN	PERM EXA ly clar ate.	6. DATE OF BIRTH (month, day, end year) Two, 125 -1910	I last saw h im alive on 2000 4 ,19 31; death Is sald
		7. AGE Years Months Days . If LESS than	to have occurred on the date stated above, at
FOR	IS A stated proper	31 6 10 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	**	Trade, profession, or particular kind of work done, as SPINNER,	Jetanus
믑	THIS Id be ay be ck of	SAWYER, BOOKKEEPER, etc.   LUCIL 12 river	////3
2	KK_T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAHK, etc.	
9	INIK. sho	0 10. Date deceased last worked at 11. Total time (years)	
ĕ	AGE THAT that ons o	this occupation (month and 1931 spent in this occupation 1948,	
MARGIN RESERVED	NFADING oplied. AGF erms, so tha instructions	12. BIRTHPLACE (city or town) Hage Lys town	Other Contributory Causes of importance:  Puncture wound food 10/27/3
H	AD sd.	(State or country)	7,2000
R	UNFA supplied n terms, ee instri	" 13. NAME John B. WOLK KILL.	
MA	H U sup	13. NAME Som D. Walk Kill.  14. BIRTHPLACE (city or town) Hage Natour	Neme of operation Dete of
	TT: (f)	(State of country)	What test confirmed diagnosis? Was there an autopsy?
4	carefully FH in pla	15. MAIDEN NAME Lula TT Grossnickel	23. If death was due to external causes (VIOLENCE) fill in also the following:
	INLY, WI be careful EATH in p	[ 16. BIRTHPLACE (city or town) H200 uns 1000	Accident, sulcide, or homicide? Date of Injury, 19
	be mp	(State or country)	Where did Injury occur? (Specify city or town, county and State)
	E PLAINLY, We should be careful OF DEATH in sery important	17. INFORMANT 2 PM B. Wolf Kill (Address) Hage restour, 177d.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	E 00 E-3 00	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	I SI	Place Y U U X S 10 W Y Date U V V 1991	Neture of injury
=	-WRITE mation sl CAUSE TION is	19. UNDERTAKER H. K. Coxxman	24. Was diseese er injury in any way related to occupation of deceased? ?
oi X	B E O L	(Address) Hay expounding	If so, specify
vi >	z (T)	20. FILED // 1963/ Chosp Socies Registrar.	(Signed) A. d. Washington St.
h	27/1	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
171	2018 + Hel	4,	

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
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	-1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

Registration Dist. No.	2
No. 629 N. Locust St. St., h occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. If of foreign blith?	
St., Ward.  If nonresident give city or town and	d State
MEDICAL CERTIFICATE OF DEATH	
November 17,	, 193 1 • (Year)
I HEREBY CERTIFY. That I attended  NOV 11 1931, to NO 17  lest saw h 2 alive on NOV 17 19 3  have occurred on the date stated above, at 4 4	
he PRINCIPAL CAUSE OF DEATH and related causes of Importance	
ere as follows:	Date of onset
Dephtheria	Nov. 11-31
ther Contributory Causes of Importance:	
ame of operation Date of	
hat test confirmed diagnosis? Was there an	
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ccident, suicide, or homicide? Date of injury	
There did injury occur?  (Specify city or town, county and Stapecify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	ite) LACE.
lanner of Injury	
ature of injury	
. Was disease or injury In any way related to occupation of deceased?	
(Signed) Q. Selman Jan	M. D.
(Address) 159 /c wanten	2. Cur
M. Ct. J. C P. L. P	-

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year